Australian College of Nursing

the hive

#21 AUTUMN 2018

WORKPLACE CULTURE

NURSING MATTERS
OUR PROFESSIONAL IDENTITY

THE JUNIOR NURSE
CONTESTING THE PRE-EXISTING CULTURE

WHO IS TO BLAME FOR THE BULLYING EPIDEMIC?

+MORE INSIDE

Could you be one of our next Emerging Nurse Leaders?

ACN's prestigious Emerging Nurse Leader (ENL) program empowers current and future nurse leaders, from final year undergraduate nursing students to nurses in their sixth year of practice, to achieve their goals and aspirations through personal and professional development. Entry to the program is merit-based and all program benefits are supported by ACN.

PERKS OF THE PROGRAM

- 12 month ACN membership
- ENL mentoring program
- Invitations to exclusive ACN events
- Full registration for the ACN National Nursing Forum
- Networking with high profile nurse leaders
- Opportunity to build a profile within the profession

Head to www.acn.edu.au/enl to find out more and register your interest.

the hive

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Australian College of Nursing

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We love to see member submissions in *The Hive*. If you're interested in having your submission considered for publication, please see our guidelines and themes at **www.acn.edu.au/publications**.

For enquiries or to submit an article, please email **publications@acn.edu.au.**

ACN publishes The Hive, NurseClick and the ACN Weekly eNewsletter.

the hive AUTUMN 2018

WELCOME

ACN NEWS & VIEWS

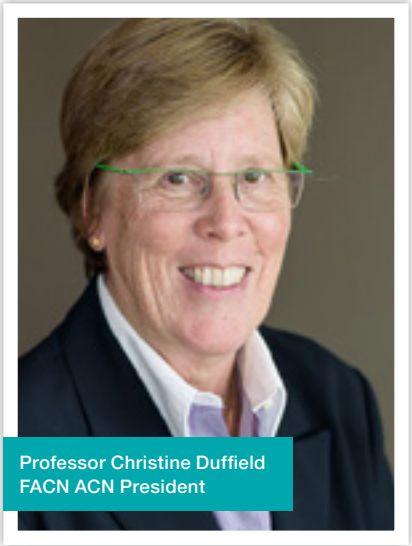
HIVE COLUMNISTS

WORKPLACE CULTURE

REGULAR FEATURES

EVENTS

IN MEMORY



Professor Christine Duffield
FACN ACN President

President's report

“A positive workplace culture benefits not only nurses but all staff, leading to healthy organisations, enhanced staff wellbeing and most importantly improved patient outcomes, which is of course our reason for being.”

Workplace conditions and the impact that negative conditions have on workers and society have featured heavily in the media recently. Unfortunately predatory behaviour, ‘the glass ceiling’, bullying, harassment, sexual discrimination and burnout are commonplace features of some workplaces – and it is likely the same is true in the health industry. As advocates for physical and mental health, nurses need to reflect on and actively seek out ways to improve our workplace culture, and subsequently improve our individual health and wellbeing.

A nurse could spend 44 years in the workplace if we assume graduation at the age of 21 and retirement at 65 years. For a 38-hour week, that is a massive 86,944 hours we spend at work. Of course there are many variables which may increase or decrease this figure, but for most of us work is a large component of our lives. Where we work, what we do there and how we do it are therefore very important.

Most environments in which nurses now work have become more stressful, impacting potentially on patient and staff outcomes. Patients are sicker and oftentimes more demanding, treatment regimens are more complex, workloads have increased, and staffing issues prevail; the right number, the right mix, the right skills with the right leadership (Duffield et al. 2015). A high level of individual resilience is critical in dealing with the inevitable stressors of our work environments, whether they are positive challenges or threatening/uncontrollable negative experiences.

Rees et al. (2015) argue that psychological resilience plays a major role in understanding whether burnout or compassion fatigue (to name but two outcomes) result from workplace stressors. Adversity and positive adaptation to this adversity must be evident for resilience to be demonstrated (Fletcher and Sarkar 2013). Resilience is contextual and dynamic, and resilient qualities can be learned (Southwick et al. 2014) through a number of strategies, such as building positive relationships and maintaining positivity through life balance and optimistic outlooks (Hart et al. 2014).

While training and enabling staff to be at their most resilient is important, organisations must reduce the stressors placed on staff in the first place to reduce burnout, increase retention and reduce staff turnover. Given the significant worldwide shortages which are predicted, nurses have the luxury of choosing their employer and if they are prepared to move suburbs, cities, states or countries, the choice of employer is almost endless.

A positive workplace culture benefits not only nurses but all staff, leading to healthy organisations, enhanced staff wellbeing and most importantly improved patient outcomes, which is of course our reason for being. This edition of *The Hive* will provide you with examples and strategies to consider which may help you implement changes in your own workplace for the benefit of all.

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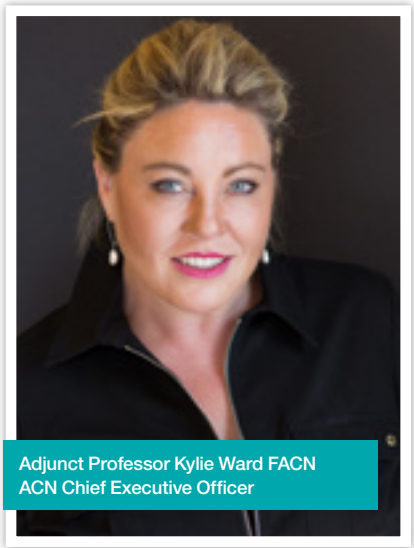


Adjunct Professor Kylie Ward FACN
ACN Chief Executive Officer

Hello!

Welcome to the Autumn edition of the Australian College of Nursing's quarterly member magazine, *The Hive*.

> **"A collaborative environment in which knowledge is shared, new ideas are encouraged and staff are empowered will help to promote greater productivity and a higher standard of patient care."**

The importance of promoting empowering and innovative workplace environments cannot be overstated.

In this edition, we focus on the importance of fostering a positive workplace culture in which nurses feel respected and supported. This is paramount in a health care environment. Almost one-third of Australian nurses and midwives are considering leaving the profession due to work-related stress and burnout. In her highly informative article **Employee engagement in nursing**, **Louise Guerin MACN** discusses how employee engagement is directly related to these issues and also to the quality of care and patient safety.

We also look at the widespread impact of harassment and bullying in the workplace, and how these behaviours become accepted and entrenched in a professional culture; the nursing industry in particular. In her article **Who is to blame for the bullying epidemic?**, **Jennifer Wressell MACN** provides a valuable insight into staff attitudes towards bullying in the nursing industry. Jennifer examines theories about why a culture of bullying is prevalent in the nursing profession, and the importance of challenging organisational assumptions and desensitisation to generate change and shape the future cultural framework.

Fortunately, the nursing workforce is well equipped to create positive changes and drive innovation. In her inspiring account, **Leading a culture of educational change through simulation**, Clinical Educator **Erin Wakefield MACN** describes her passion for promoting a positive and interactive learning culture. Erin highlights her success in increasing staff engagement by using simulation to create a responsive and progressive educational environment.

Building a positive workplace culture must remain a priority in the health care industry. Addressing issues such as stress and bullying – and taking measures to rectify the problem – is vital. We need to foster a culture in which staff feel not just valued but supported. A collaborative environment in which knowledge is shared, new ideas are encouraged and staff are empowered will help to promote greater productivity and a higher standard of patient care. **Associate Professor Anthony McGillion MACN** explores the importance of a positive work environment in his informative article **Why is a positive workplace culture important? A smorgasbord of opinion**.

I hope you enjoy this edition.

Australian Healthcare Week Expo

Connecting with Singapore Nurses Association

Transforming Nursing Care 2018, Singapore

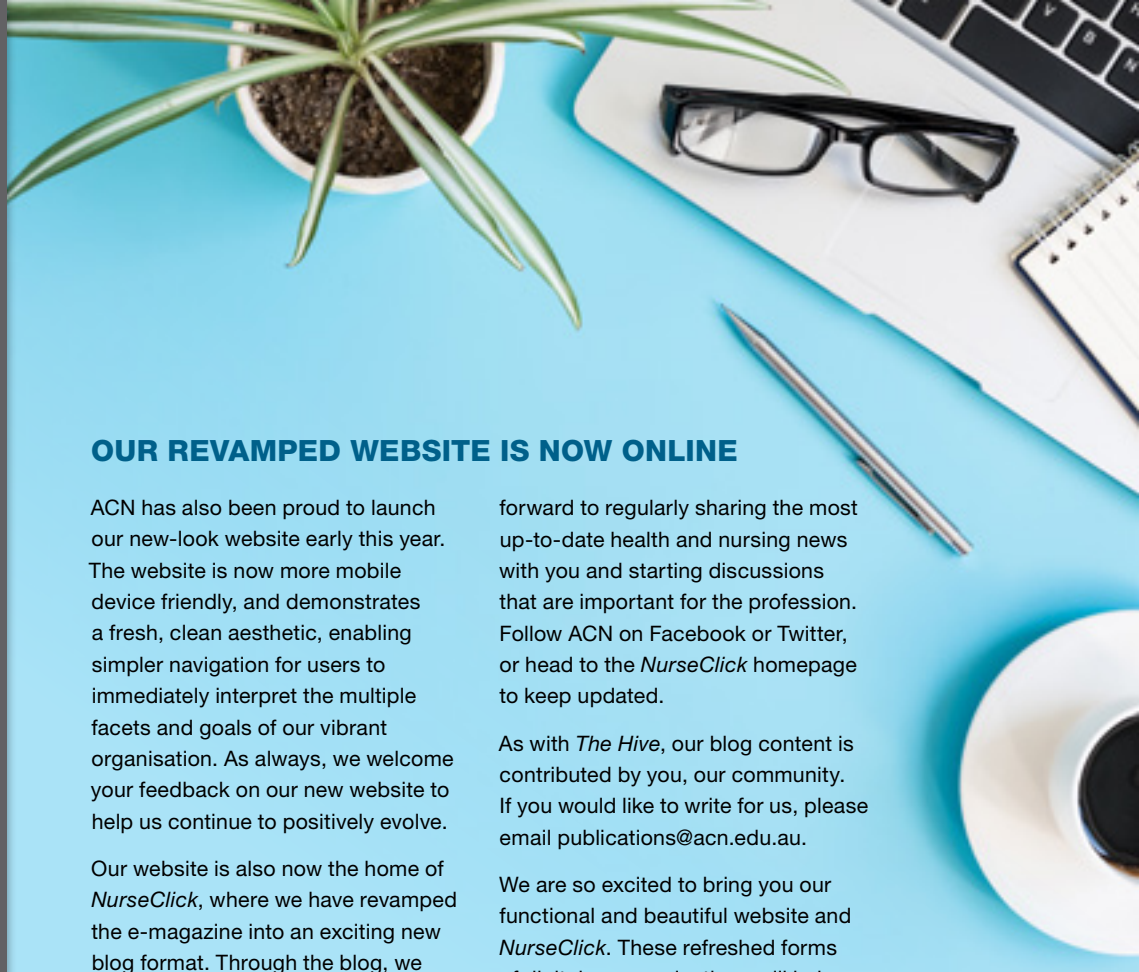
SUPPORT FOR IMMUNISATION RESULTS IN RECORD TRAINING ENROLMENTS

A record number of health practitioners have enrolled in ACN's newly-updated immunisation course, demonstrating the profession's commitment to protecting more Australians from vaccine-preventable diseases.

"Immunisation is a key factor in protecting Australians and preventing the spread of disease," ACN Chief Executive Officer, Adjunct Professor Kylie Ward FACN said.

"Nurses and health practitioners have a significant role in ensuring all people making immunisation decisions have access to authoritative, evidence-based information. Australia experienced one of its worst ever flu seasons last winter, highlighting why it is so vitally important for the community to be aware of the benefits of immunisation and get vaccinated against preventable diseases," said Adjunct Professor Ward.

The *Immunisation for Health Practitioners* course delivered by ACN keeps nurses and other health professionals up to date with the best current practice standards and recommendations as approved by the National Immunisation Education Framework for Health Professionals (2017). The launch of this course also sees ACN align with the Commonwealth Federal Government's Immunise Australia Program, which aims to increase national immunisation rates for preventable diseases.



OUR REVAMPED WEBSITE IS NOW ONLINE

ACN has also been proud to launch our new-look website early this year. The website is now more mobile device friendly, and demonstrates a fresh, clean aesthetic, enabling simpler navigation for users to immediately interpret the multiple facets and goals of our vibrant organisation. As always, we welcome your feedback on our new website to help us continue to positively evolve.

Our website is also now the home of *NurseClick*, where we have revamped the e-magazine into an exciting new blog format. Through the blog, we will continue to showcase diverse opinions, news and research from the nursing profession. This relevant and accessible format allows us to release stories several times a week. With our new *NurseClick* we look forward to regularly sharing the most up-to-date health and nursing news with you and starting discussions that are important for the profession. Follow ACN on Facebook or Twitter, or head to the *NurseClick* homepage to keep updated.

As with *The Hive*, our blog content is contributed by you, our community. If you would like to write for us, please email publications@acn.edu.au.

We are so excited to bring you our functional and beautiful website and *NurseClick*. These refreshed forms of digital communications will help us to further connect, inform and inspire nurses.

Visit **acn.edu.au** to see the new website and read the blog.

THE DIGITAL HOME OF THE ACN TRIBE: *neo*

In February, ACN launched our new online engagement platform, ***neo***, an online space for Fellows and Members to connect and discuss professional issues and ideas. No matter where you are located or what shifts you are working ***neo*** allows you to connect with your tribe anytime, anywhere.

We put the call out to you, our membership, to name the platform. The winning name ***neo*** was provided by highly engaged member Christopher O'Donnell MACN and is short for Nursing Engagement Online.

It has been exciting to see that over 1,300 Fellows and Members have logged in and connected with the platform and joined in hundreds of discussions so far. We look forward to the myriad of ways that ***neo*** will improve communication within ACN's extraordinary community.

Through ***neo*** you can:

- build a profile to create a name for yourself within the profession and enable others to reach out to you
- engage in discussions relevant to your Region or Community of Interest (COI)
- create a network of contacts and message members you are connected with
- share your views and experience to help ACN represent our profession and make our voice heard.

If you haven't joined us on ***neo*** yet, make sure that you do so soon at **neo.acn.edu.au**.

Australian College of Nursing
neo

CALLING ALL AMBITIOUS EARLY-CAREER NURSES: APPLY FOR THE EMERGING NURSE LEADER PROGRAM

ACN is calling for new participants for our Emerging Nurse Leader (ENL) program in 2018. This program is for current and up-and-coming nurse leaders looking to advance their nursing career and become the best nurse leader they can be.

Our prestigious ENL program empowers current and future nurse leaders to achieve their goals and aspirations through personal and professional development. The program allows participants to develop their skills and confidence through a blend of formal education, self-reflection, mentoring and action based learning. ENLs receive invaluable opportunities to make connections within the profession and profile themselves as nurse leaders the industry should keep an eye on.

The program is divided into five stages reflecting the challenges and opportunities nurses face as they progress through their leadership journey. Each stage is nine months and participants are welcome to enter at any stage depending on where they are in their personal journey. The stages cater for a range of nurses, from students in their final year of undergraduate studies to registered nurses in their sixth year of practice. For those who no longer fit into these categories, we urge you to consider applying to become a mentor for the program and share your knowledge with our Emerging Nurse Leaders.

If you are an ambitious go-getter and would like to participate, please express interest on the website at **acn.edu.au/leadership/emerging-nurse-leader-program.**

CLOSE THE GAP DAY: ACKNOWLEDGING THE HEALTH GAP

This year marks 10 years since the Federal Government first released the Close the Gap framework to embark on strategies that will improve the lives of Aboriginal and Torres Strait Islander Australians. The health disparity that still exists between Indigenous and non-Indigenous Australians is of great concern.

As a member of the Close the Gap Campaign Steering Committee, ACN supports investing in Indigenous health in rural and remote communities – but also Aboriginal and Torres Strait Islander people living in urban Australia. We endorse the specific recommendations for Indigenous health listed in the recent 10 Year Review.

This Close the Gap Day, ACN held morning teas in our Canberra and Sydney offices, as part of the many events and conversations across the country showing support for our First Nations peoples and a strong commitment to improving the future.

You can find the Close the Gap 10 Year Review here: www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/close-gap-10-year-review

SHARE THE DIGNITY: SUPPORTING WOMEN EXPERIENCING HOMELESSNESS AND POVERTY

ACN has always been a proud supporter and advocator for equality for all regardless of gender, age, race, sexual orientation, cultural background, religious beliefs, income, education or where they choose to live.

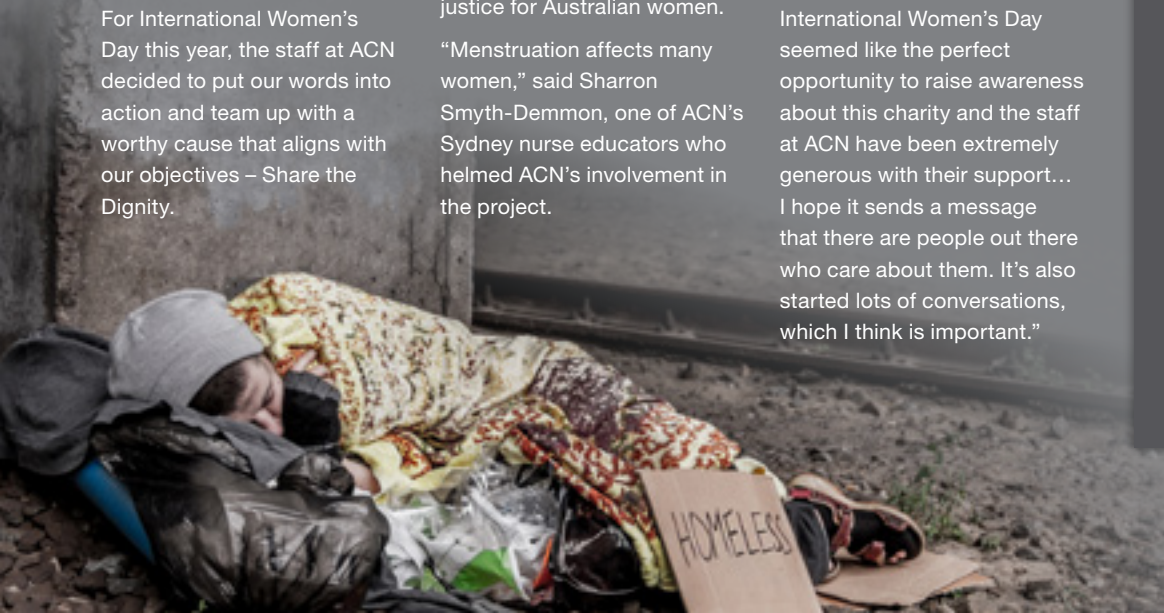
For International Women's Day this year, the staff at ACN decided to put our words into action and team up with a worthy cause that aligns with our objectives – Share the Dignity.

The national charity collects personal hygiene products, including pads and tampons, for women experiencing homelessness and poverty, as well as helping to fund funerals for victims of domestic violence and campaign for justice for Australian women.

"Menstruation affects many women," said Sharron Smyth-Demmon, one of ACN's Sydney nurse educators who helmed ACN's involvement in the project.

"Vulnerable women have to make choices that most of us don't. We choose what to buy for lunch. They may have to choose whether or not to buy food or sanitary items. That's not a choice they should have to make.

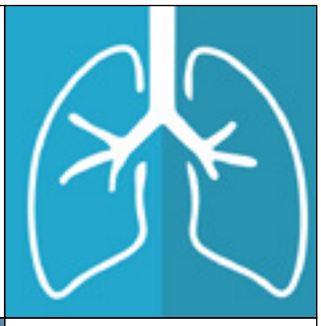
International Women's Day seemed like the perfect opportunity to raise awareness about this charity and the staff at ACN have been extremely generous with their support… I hope it sends a message that there are people out there who care about them. It's also started lots of conversations, which I think is important."

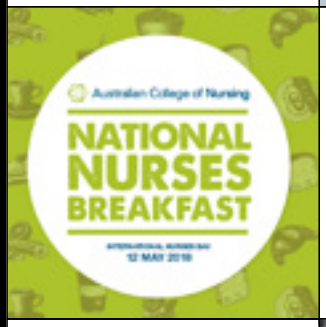


MAY

3
WORLD ASTHMA DAY
It is always the right time to address airways disease.

9
PNEUMONIA AWARENESS WEEK
All Australians need to be aware of the symptoms of pneumonia and how to protect against it.





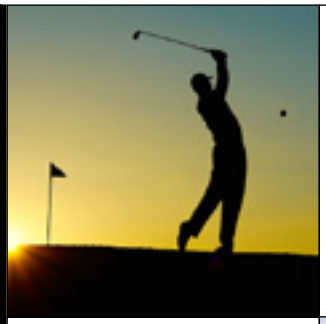
12
INTERNATIONAL NURSES DAY
ACN's National Nurses Breakfast is held annually to celebrate International Nurses Day.

15
FOOD ALLERGY WEEK
The aim of Food Allergy Week is to urge Australians to 'Be aware. Show you care'.

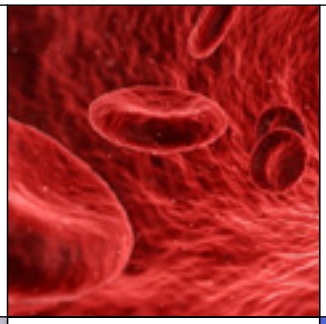
19
WORLD IBD DAY
Crohn's disease and ulcerative colitis, inflammatory bowel diseases (IBDs) affect over five million people worldwide.

26
NATIONAL SORRY DAY
A day to acknowledge and recognise members of the Stolen Generations.

JUNE

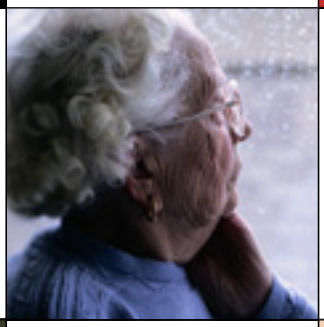


11
MEN'S HEALTH WEEK
Communities across Australia come together to discuss and improve men's health.

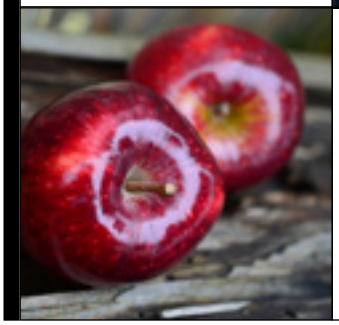


14
WORLD BLOOD DONOR DAY
This day raises awareness of the message, 'Share life, give blood'.

15
ELDER ABUSE DAY
On this day the whole world voices its opposition to the abuse inflicted to some of our older generations.



18
REFUGEE WEEK
Celebrate the positive contributions made by refugees to Australian society.



20
RED APPLE DAY
Bowel Cancer Australia hold this annual day to fundraise for, and raise awareness of, bowel cancer.

21
CEO SLEEPOUT
Our CEO, Adjunct Professor Kylie Ward FACN will join the Vinnies CEO Sleepout again this year.

more Visit our website to see more upcoming nursing and health events in Australia and around the world: **www.acn.edu.au/events**

Chinese nursing visitors to Parramatta ACN office

Melbourne Region event

neo launch

Members sharing ACN with their workplace

Canberra Stamp Show nursing exhibition

Singapore Transforming Nursing Care Conference

ACN SNAPS

At ACN, we love getting out and about with our members and the wider nursing community. If you attend an ACN function or event, make sure you share your snaps with us through our social media platforms!

Remember to use our membership hashtag #ACNtribe

“I love the name NEO! I am very much looking forward to utilising this platform to connect with many of my ACN fellows, members, peers and colleagues!”

– Belynda Abbott FACN

“Nurses are innovators by nature and the critical shapers of health policy.”

– Christopher O’Donnell MACN

Join the conversation with other Fellows and Members on neo at neo.acn.edu.au

Mr James Bonnamy MACN
ACADEMIC

> **“I have always been a strong advocate for registered nurses displaying their title in all areas of work.”**

EMBRACING YOUR NURSE IDENTITY

I recently had a conversation with an academic colleague that left me unsettled. She confessed that she no longer considered herself a registered nurse because she had not provided direct patient care for a considerable period. Despite having to hold the title to practice as a nurse academic and researcher, she no longer saw herself as a nurse.

Like a scab, I continued to pick away and ruminate over this discussion. In the days following, I completed a shift in my usual unit, where a clinical colleague jokingly asked “if the academic would be alright to administer the injection”. Whilst it was delivered in jest, I have sensed for some time that nurses who provide direct patient care resent the continued use of the RN title by those who do not regularly deliver patient care.

I have always been a strong advocate for registered nurses displaying their title in all areas of work. I have had several conversations with executive clinical directors who mysteriously drop their RN title from their email signatures. Too many nurses carelessly abandon their nurse identity. This does not happen with our medical colleagues who step aside from direct patient care.

In 2015 Professor Sanchia Aranda (CEO Cancer Council) wrote an editorial in *Collegian* openly declaring herself a registered nurse despite no longer providing direct patient care. Sylvia Trent-Adams, the most recent Surgeon General of the United States, is also a registered nurse and is a strong advocate for the nursing voice in all areas of practice.

The loss of the RN title has an impact on our profession more widely. New nurses need to see that nursing is a profession that has a vast scope of practice and that nurses use their clinical knowledge and experience to make decisions that impact health at a national and international level. Without nursing representation on national boards and governmental bodies and committees our professional power is diminished. This however leads me back to my initial conversation. Can you only call yourself a registered nurse if you can still provide direct patient care?

THINKSTOCK

FAST FACTS

$133.9 MILLION +

was paid out in workplace stress claims during the 2004/2005 financial year.

58%

of Australian employees want more diversity in the workplace.

Staff in constructive cultures are

38%

more motivated.

Organisations regarded as ‘effective people managers’ generate

35%

higher revenue per employee.

Women’s average full-time total remuneration across all occupations is

23.1% LESS

than men’s.

REFERENCES:
https://www.betterhealth.vic.gov.au/health/healthyliving/work-related-stress.
https://www.hays.com.au/press-releases/HAYS_205817
http://www.hrsuccess.com.au/services/solutions/workplace-culture-and-leadership
https://www.wgea.gov.au/sites/default/files/80653_2015-16-gender-equality-scorecard.pdf

Adjunct Professor
Cheyne Chalmers FACN
EXECUTIVE

THE NURSE LEADER'S ROLE IN WORKPLACE CULTURE

Organisational culture has been defined as the sum of shared values, principles and behaviours, in other words, it's the way we do things around here (Chartered Accountants Australia New Zealand 2017). Obasan describes culture as "a specific collection of values and norms that are shared by people and groups in an organisation that controls the way they interact with each other (cited by Moss et al 2017).

As a junior nurse working in the public health sector, I had to adapt to the way things were done in the ward I worked in. If I demonstrated behaviour that didn't fit in with the cultural norms and expected behaviours of that ward, someone let me know. It wasn't always my manager, more often than not, it was a peer. Workplace culture is the intangible construct that is more about people than it is about rules.

In health care, a poor workplace culture will directly impact on the care a patient receives and ultimately may impact on their health outcomes. The standard we walk past is the standard we accept, the all too true adage that speaks to the heart of accountability for one's actions, which in a positive culture is evident and in a poor one is not.

Nurses working in hospital settings often describe culture as toxic, or that the workplace has a culture of bullying and harassment. These are traditional descriptors that have been hard to move away from. When describing in more contemporary terms the ideal workplace culture, we now use the terminology 'staff engagement'. Thus implying that we have a culture that is authorising, transparent, based on trust and that we have a culture where staff are engaged and empowered in their workplace.

Creating a workplace culture that supports nurses to be fully engaged and empowered, thus ensuring the best outcomes for their patients, takes a conscious strategy. As nurses we know that the leader of a ward or unit ultimately sets the tone and tenor, and that clinical settings that have high staff engagement and strong governance mechanisms are those units that has a leader that understands their role in creating a positive culture.

I recently reviewed an article in relation to the Princess Alexandra Hospital in Queensland. The work undertaken to achieve Magnet status and maintain it, has seen a significant transformation in the culture. Using engagement as a proxy for a positive culture, there has been a transformation from only 31% fully engaged nurses in 2002 to 67% in 2015 (Moss et al 2017).

The efforts undertaken to achieve this transformation were significant and incremental, involving a realignment of structures, systems and processes, to enable greater transparency and empowerment of all the nurses in the organisation.

As nurse leaders we have an absolute imperative to create a positive, accountable and transparent workplace. If this currently doesn't exist, the transformation towards this culture will require significant effort. However, the benefits of an engaged nursing team and positive patient experience will be achieved, and as a leader this is our responsibility, and hopefully our legacy.

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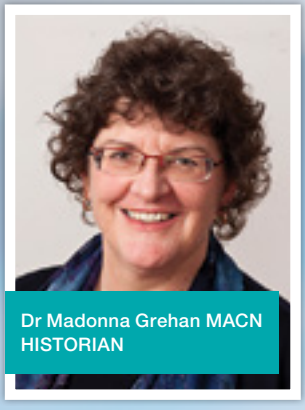

Dr Madonna Grehan MACN
HISTORIAN

CHANGING A WORKPLACE'S UNWRITTEN RULES

A colleague in the USA told me recently about a dramatic cultural change in her university workplace. It was a response to the overwhelming number of emails sent to teaching staff, out of hours. An unstated policy dictated that all staff answered emails promptly. It was the workplace culture. So the workplace culture was that staff answered emails, seven days a week.

A new head of school found this culture to be disrespectful to her staff. She modelled a new way of behaving, having instructed all the staff that they were not to respond to any university-related emails sent after hours and on weekends. It was a radical step, and it took time, but within a few months, the old culture was extinct.

Of course, changing workplace culture is not that easy. In the 1980s, I moved from the city to work at a regional hospital. Arrangements in the staff dining room seemed distinctly antisocial. There were different dining tables: one for doctors only, one for registered nurses only, one for student nurses only. Some 'unwritten' rule dictated that these groups could not mix. In a corner was matron's table, from where she observed everyone. It was the accepted culture.

This workplace culture was powerful. It prevented dialogue between staff, a custom that was embedded in the hospital wards. No surprise then, in this workplace, that nurses felt it was not their place to raise concerns about patient care.

Everyone contributes to the culture of a workplace. Sometimes, a change in the culture can be beneficial, as the example from the USA shows. Sometimes, thinking laterally is the first step.

THE EFFECT OF 'CARING LEADERSHIP' ON CULTURE

Ms Tomica Gnjec MACN
CLINICIAN

An opportunity for some postgraduate study some years back gave me an invaluable opening to explore and experience some other clinical areas and expertise. A certain critical care placement stood out for me and my fellow student peers – a workplace with mutually respectful staff interactions, and a clinical environment that optimised experiences, exposure and growth to a range of clinical scenarios. What was it about this particular environment? My observations strongly linked the culture drive and focus to the nursing leader – through daily positive acknowledgement and engagement of individuals, and promotion and encouragement of team work. The 'caring' nature of the nursing leadership and investment in the clinical staff translated globally to the delivery of optimal consumer outcomes.

A number of suggestions have been made as to how to shape, sustain and develop a positive workplace culture, including demonstrated strong leadership through setting good examples, promoting two-way communication, offering opportunities for growth and professional development, care for staff, acknowledging and rewarding effort, and understanding views and motivations of individual staff (Government of Western Australia Dept of Workplace Training and Workforce Development 2018). A positive workplace culture is often said to start from the top. As clinicians and managers it is the responsibility of all of us to contribute to a positive workplace. Managers and leaders in particular hold the critical position to make a significant contribution in setting the tone for the team and leading the way through demonstrating the behaviour they expect of others (Government of Western Australia Dept of Workplace Training and Workforce Development 2018).

Tillott (2013) further discusses the importance of staff engagement on workplace satisfaction and culture. Nurses are more likely to engage and have positive interactions when they are empowered in their roles and within the workplace. Engaged employees will also positively promote the work they do and the interests of the health organisation.

A common goal for most clinical nurses, including myself, is optimal care and outcomes for the health consumer. A positive workplace culture and environment can only facilitate and enhance the health journey for those of us delivering care …and as importantly for those receiving it.

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CHANGING THE CULTURE, ONE SHIFT AT A TIME

Ms Laurie Bickhoff MACN
EARLY CAREER NURSE

Trying to change the culture of a workplace is one of the most difficult undertakings any leader will face. For our frontline nurses, this task can seem beyond them and so, unfortunately, some negative cultures will remain unchallenged. Cultures where nurses 'eat their young', bullying is rife, poor practice is silently condoned and the focus is on assigning blame rather than finding the cause behind errors. These cultures not only drive skilled and compassionate nurses out of our profession, but also jeopardise patient safety. When faced with one of these cultures, many nurses might ask – what can I do?

It is easy to be overwhelmed at the magnitude of the problem. However, this is where frontline nurses can have a significant impact as the most effective changes are those driven from the bottom up. As with most things, the first step, or in this instance, the first shift is the hardest. This is the shift where you decide that you will be the change you want to see on your ward. This is the shift where you will no longer quietly acquiesce with behaviours that feed the negative culture, where instead you will stand up for yourself, your patients and your colleagues. This is the shift where you flex your moral courage muscles, where you will rock the boat rather than go down with the ship.

I'm not saying that it will be easy. Again, as with most things, it will become easier with practice. Each shift you approach with the determination and passion to create a positive culture will have a bigger impact than you realise. You can be the pebble that creates the ripples that builds into an unstoppable wave of change. It starts with you making the decision and having the courage to follow through.

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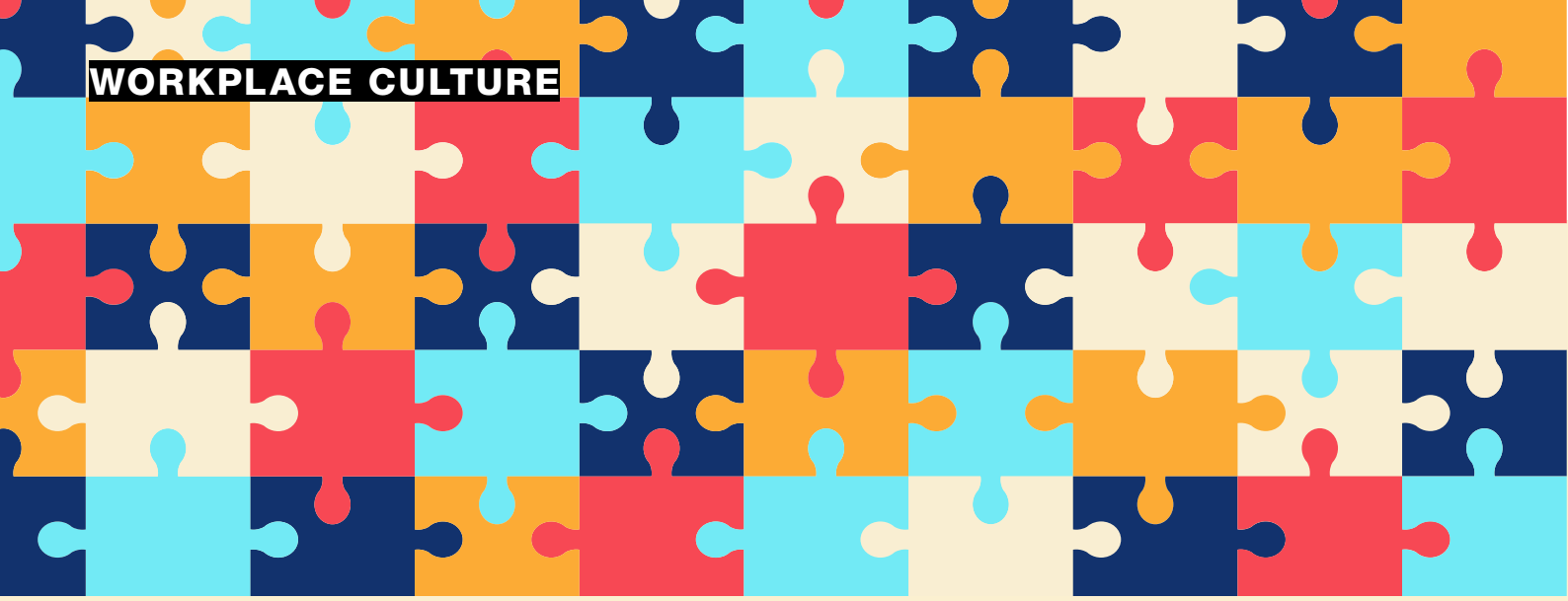

EMPLOYEE ENGAGEMENT IN NURSING

The link between workplace culture and patient safety

We often don't give our workplace cultures a second thought. However, positive workplace cultures can make it a joy to come to work. Negative workplace cultures are another story altogether. Workplace culture can be defined as 'the ward-level culture that patients and staff experience every day' (Hahtela et al. 2017, p.37). Organisational culture is 'a specific collection of values and norms that are shared by people and groups in an organisation and that control the way they interact with each other' (Moss, Mitchell & Casey 2017, p.116).

Two styles of workplace cultures that have gained quite a lot of attention in recent years are safety culture and learning culture. A safety culture is one where "people are held accountable for their behaviour, but not punished for human error, errors are identified and reported to serve as opportunities for learning and improvement, and known or suspected risks are mitigated before harm occurs" (National Patient Safety Foundation 2015 cited in Kaplan et al. 2017, p. 235). Safety cultures and learning cultures share many common features. Learning cultures tend to be positive cultures where staff feel psychologically safe to speak out if they have concerns, and are supported when they do speak out. They are the opposite of blame cultures (Tingle 2017; Kaufman & McCaughan 2013). A learning culture creates the environment for open discussion about errors and safety incidents to serve as opportunities for learning from failure and avoiding similar issues in the future (Kaufman & McCaughan 2013). A learning culture also involves nurses demonstrating good practice, attitudes and behaviours, sharing their knowledge, and providing feedback (Henderson et al. 2011).

Research has shown that workplace culture has the ability to impact patient outcomes such as falls, pressure injuries and length of stay in hospital (Hahtela et al. 2017; Hahtela et al. 2015). For example, a higher prevalence of patient pressure injuries was associated with nurses' higher levels of workload stress, lack of work-life balance, lack of communication and support, lack of career opportunities and intention to leave (Hahtela et al. 2017). This makes intuitive sense, but doesn't explain why most nurses still deliver excellent patient care even in poor workplace cultures.

Employee engagement is the missing piece than connects workplace culture to patient safety. Employee engagement measures how a person responds (thinks, feels, acts) when working within a particular workplace culture. Employee engagement involves the investment of the whole self and a willingness to dedicate physical, cognitive, and emotional resources to one's work. It is defined as 'a positive fulfilling, work-related state of mind that is characterized by vigour, dedication, and absorption' (Saks 2017, p. 79).

Employee engagement has received considerable attention over the last decade in the corporate world due to strong evidence that has linked employee engagement with improved financial performance, productivity, workplace safety and customer satisfaction (Saks 2017; Saks & Gruman 2014). Engaged employees have more positive attitudes towards their jobs, perform better, are better contributors to the team, experience higher levels of wellbeing and are less likely to quit (Saks 2017; Saks & Gruman 2014).

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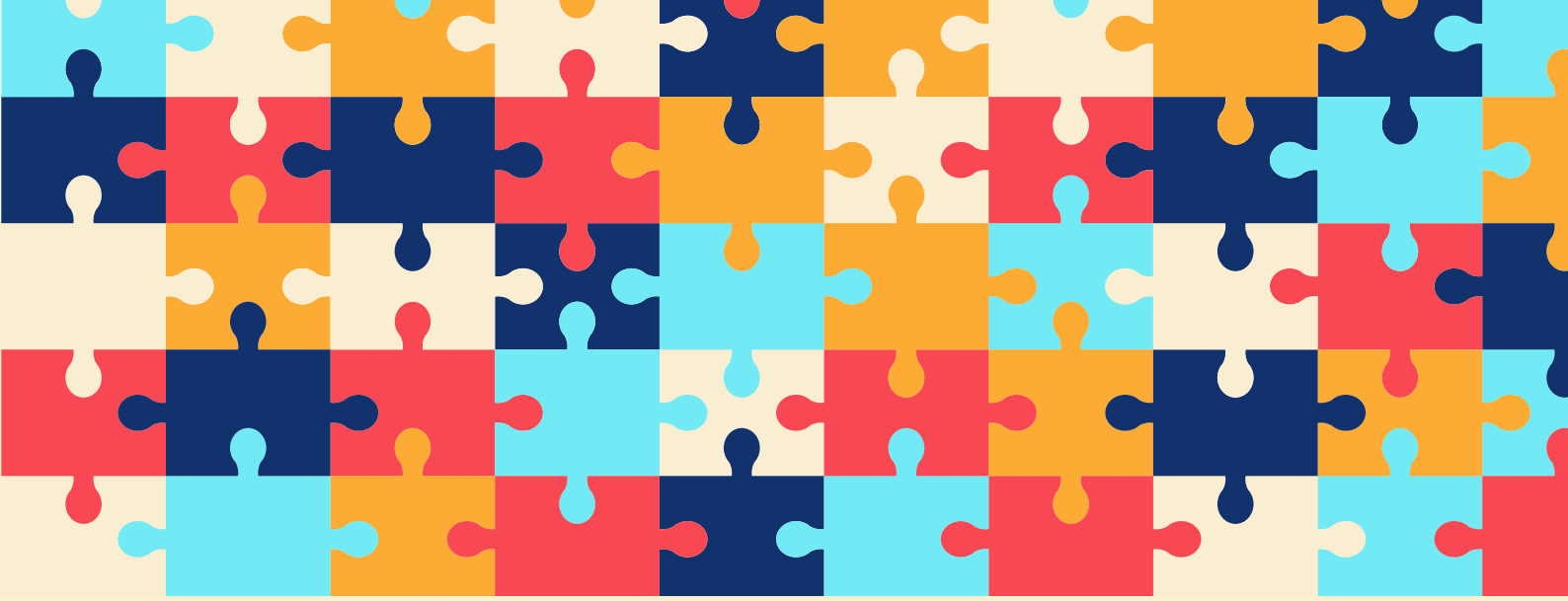

Employee engagement is particularly relevant for health care, and nursing in particular. Almost one-third of Australian nurses and midwives are considering leaving the profession due to over-work and burnout (Holland & Tse 2016). Employee engagement theory emerged from the literature on wellbeing and burnout, and burnout is often considered to be the opposite of employee engagement (Saks 2017). By focusing on enhancing employee engagement, we may also be able to address the challenging issue of reducing burnout. Further, if we are able to reduce turnover, we also realise other downstream benefits related to patient safety. This includes evidence that nursing units with lower turnover tend to have fewer patient falls and fewer medication errors (Bae et al. 2010 cited in Brandis et al. 2017).

Employee engagement is starting to be explored within health care. Recent studies have demonstrated that employee engagement is positively and significantly related to nurse-perceived care quality and a patient safety culture, particularly feedback and communication about errors, teamwork, frequency of event reporting, organisation learning/continuous improvement, communication openness, and non-punitive responses to error (Brandis et al. 2017; Keyko et al. 2016).

A decade of research has shown that employee engagement can be fostered through having meaningful work, a sense of autonomy, task variety, the ability to solve problems, supportive co-workers, receiving coaching and feedback, and opportunities for development. In addition, transformational or empowering leadership and a strong relationship with one's manager are positively related to engagement (Saks & Gruman 2014). On the flip side, employee engagement can be eroded by conflict, politics, inadequate resources, overly burdensome administrative tasks, and role overload (Saks & Gruman 2014). This makes perfect sense when we think about the types of cultures we thrive in and those we don't. Enhancing nurse engagement can start immediately by doing more of the things that foster employee engagement and less of the things that erode it.

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AUTHOR

LOUISE GUERIN MACN

THINKSTOCK

DARE TO BE KIND

An inspiring book about creating a culture of kindness

> **“Being the target of bullying empowered Lizzie Velasquez to represent other victims and to fight back.”**

Lizzie Velasquez is not a nurse. She’s been a patient her whole life, though, with a rare genetic condition eventually diagnosed as neonatal progeroid syndrome, a rare combination of Marfan syndrome and lipodystrophy. It prevents her from gaining weight, and Lizzie describes herself as “kind of on the tiny side”, looking “somewhat different from you average 28-year-old”. Lizzie is a tiny woman with a big voice, which she’s put to use as a YouTube star (with half a million followers), motivational speaker (more than 11 million TedX talk viewers) and in her first book, *Dare to Be Kind*. Her condition and a lifetime of bullying inform this personal, wide-ranging, and inspirational read.

The subtitle of this book is what drew me in: *How extraordinary compassion can transform our world*. I am a novice nurse and I began studying nursing a few years ago after reading a lot of literature on compassion, seeking a job where I can enact compassion every day. It is a burgeoning academic field, with research underway at centres such as Stanford’s Center for Compassion and Altruism Research and Education, which focuses on cultivating compassion. This is Lizzie Velasquez’s personal mission too. She writes: “I consider it … my purpose to speak out and reach as many people as I can with my message that we must be kind to each other, no matter what. We are all the same.”

Like many, Lizzie unearthed her own compassion after some serious challenges. When she was 17, she came across a YouTube video of The World’s Ugliest Woman – and realised it was about her. Years of being called ‘ugly’, being a self-described ‘people-pleaser’ and some very dark times, including addiction to anxiolytic medications, built resilience. Lizzie’s response to cruelty and bullying, drawing on her innate positivity, is to create a ‘culture of kindness’, using everyday empathy to create a more compassionate world. But this easy-to-read book is not a dark and serious treatise on how we should behave; it’s a warm, humorous and personal insight into Lizzie’s world.

Throughout the book, Lizzie shares stories about her life. From the invaluable company of her pet dog, to how she overcame insecurity to wear a short romper out (“Okay, this is what we’re doing. Just have fun, and if you feel awkward, ignore it”), to dating stories and working with Kylie Jenner, she encourages readers to embrace difference, our own and others’. This is not a solo pursuit: she urges us to “look for the helpers … [and to] be the helper”. As nurses, that is what we are professionally and we treat others at vulnerable times in their lives, but may overlook or even thwart our own vulnerability. Lizzie suggests that a “willingness to be honest and vulnerable can lead to a deeper understanding of each other and ourselves” and reminds us “it’s essential to have a community or person you can be vulnerable with! That’s what keeps us sane!”

Being the target of bullying empowered Lizzie Velasquez to represent other victims and to fight back. But this is not a book just about bullying. It’s about choosing control, building ways to self-protect from negativity, and embracing vulnerability. Every day that I’m on the ward, I work with people who have cancer. I ask many questions and am honoured to hear their stories. When she was bullied, Lizzie took control of it by turning it into a positive. “But with medical issues, you can’t really take control … you can’t create your own outcome. You just have to put one foot in front of the other.” Lizzie refers to her diagnosis as The Knowing, and of The Knowing for all of us: going through tough times “brings us to new levels of personal understanding”. I’m lucky in that I’ve never been bullied in my workplace, but we all know plenty of nurses who have. This little book provides some tools to deal with such behaviours and to build resilience in a workplace (and wider) culture where difference can lead to isolation. Empowerment, according to Lizzie, starts with learning how to be “the right kind of selfish”, undoing perfectionism and learning how to say no when appropriate.

As a new nurse I’ve felt some level of vulnerability every day, sometimes relating to my knowledge, sometimes my lack of speed, even fitting into my nursing team. One of my greatest take-aways from this book is Lizzie’s promotion of self-compassion. Although she’s learnt to appreciate her positive qualities, like tenacity, and she has a successful career that she loves, she still feels some self-doubt. “Living your best life doesn’t mean you’ll suddenly be perfectly self-assured in every situation … the key is to be gentle with yourself in … vulnerable moments”. Like nursing, building compassion is a team effort and we must be brave enough to ask each other for help and support and remember to treat ourselves and each other, as well as our patients, with kindness.

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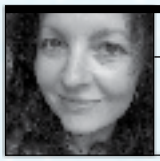
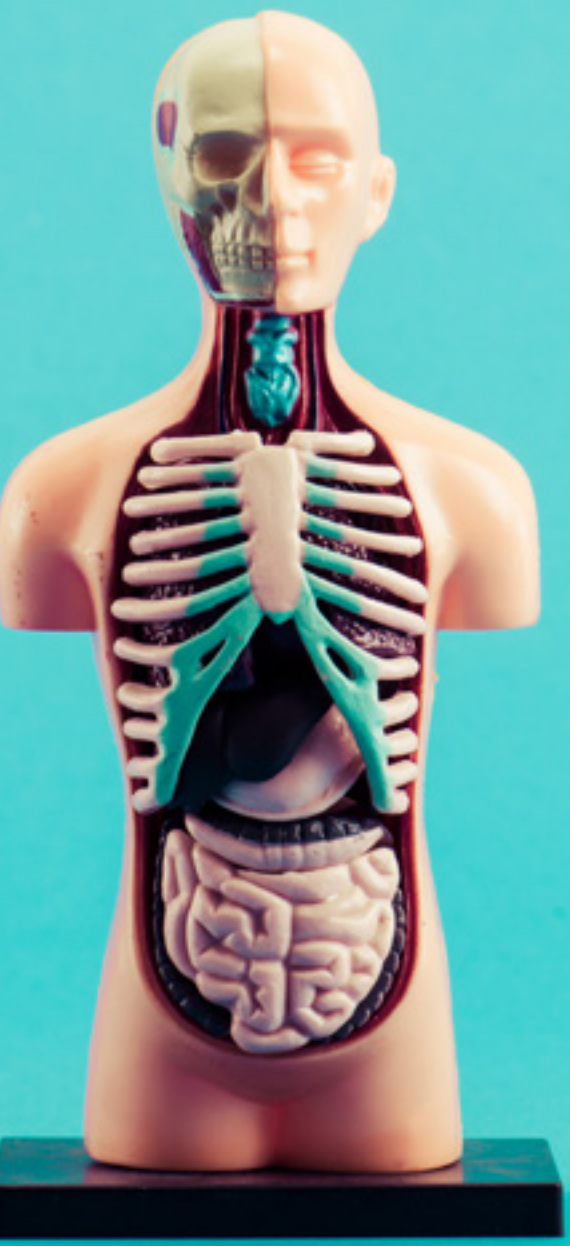


AUTHOR

MEL ESLICK MACN

LEADING A CULTURE OF EDUCATIONAL CHANGE THROUGH SIMULATION

A clinical educator's story



I am honoured to have this opportunity to share my story of leading a culture of change in the way education is delivered in my department. I hope you will find it interesting and possibly even inspiring. I am a passionate advocate of the benefits of simulation, and am enjoying delving into this more formally this year as I continue with my Masters study.

MY ROLE

I'm a perioperative educator in a public hospital. We have three theatres, and our role is to provide excellent perioperative nursing care to our many patients requiring obstetric, gynaecological, ear nose and throat, general, paediatric, or urological surgery. My primary role is the co-ordination and support of the graduate nurses in the department, as well as management of the pre-registration nursing placements. While I am passionate about providing formal learners with a really great experience in a caring and empowering environment, I would like to share with you how I have created and sustained a positive, interactive and engaging culture of learning in my department for the experienced staff.

WHAT IS SIMULATION?

Simulation is 'the technique of imitating the behaviour of some situation or process by means of a suitable analogous situation or apparatus, especially for the purpose of study or personnel training' (Nestel & Bearman, 2015, p. 12). As a nursing education technique, simulation has been verified to improve patient care outcomes (Andraetta, Saxton, Thompson & Annich, 2011) and is gaining popularity worldwide (Bearman, Nestel & Andraetta, 2013; Forrest, Mc Kimm & Edgar, 2013; Lateef, 2010; Nestel & Bearman, 2015).

Simulation based education (SBE) can be used to describe many educational techniques. Examples include practicing pacing using the defibrillator rather than just reading about it, or mastering graded technical skills such as maintaining a sterile field. SBE can also be used to describe interactive online initiatives such as 'First to Act' by Monash Health, and even the use of actors to portray a delirious patient, for example (Bearman, et al, 2013). However, for this article, SBE will be used to describe a 'fully immersive' situation. That is, an operating theatre prepared to deliver a simulated 'story' which involves a mock surgical case, necessitating care to be provided by both perianaesthetic and perioperative nurses on a mannequin.

While SBE is also really great for the practicing of emergency and uncommon situations (for example, a 'can't intubate, can't oxygenate' scenario), the ultimate aim of SBE in this forum is for the improvement of non-technical skills such as communication and leadership. Over the last three years, the fidelity in our 'sim stories' has grown exponentially as staff have become more confident and engaged.

THINKSTOCK

> **“I highlight to staff that mistakes are a great learning opportunity, but also, if things are done well, we can celebrate that, too.”**

THE LOGISTICS

In conjunction with the nurse unit manager, a specific topic is chosen each month. This must be in response to staff learning needs. Theatre is unlike other wards, as we have no formal staff changeover/double staff time. So, in order to provide formalised unit based education, a late surgical list start is required, which is when our SBE takes place. Over the month, staff have reader friendly access to the *Clinical Practice Guideline*, information on the drugs and/or equipment to be used in the story as required, some articles on the ‘topic of the month’ and of course access to the flow charts and Advanced Life Support manuals. Preceding the SBE, I try to provide ad hoc, mini in-service programs as refreshers on the chosen topic for the SBE, so the topic is not a surprise when the actual event takes place.

HOW IT WORKS

SBE is run in three distinct stages. First is the pre-brief. The actual SBE scenario happens next, then discussion, reflection and learning happen in the debrief.

The pre-brief is where the whole learning experience is set up. It is essential that a ‘psychologically safe’, confidential and non-threatening learning environment is created. (Motola, Devine, Chung, Sullivan & Issenberg, 2013)

It is vitally important for participants to be reassured of elements including the importance of their own safety, particularly when the live defibrillator is being used. I also remind the staff taking an active role that they are being asked to do a very strange thing in conversing with a plastic mannequin. It’s okay to feel ruffled!

It is important to set the ground rules early and clearly. The statement “what happens in sim, stays in sim” is crucial and must be honoured. In order to assist with creating a safe learning environment, staff need to be assured that their actions will not be discussed outside of the room. All participants, including myself as the facilitator, sign the confidentiality agreement. It is unlikely participants will volunteer – and possibly make mistakes in front of peers – if they are fearful. Participants also need to know that as a learning opportunity, it is important to not be judgemental of colleagues. Respect and courtesy are the rules of the day.

I highlight to staff that mistakes are a great learning opportunity, but also, if things are done well, we can celebrate that, too.

As per the *Harvard rule of simulation* (below) – participants are reminded that SBE is not a test nor a punitive exercise to check how well an algorithm can be recalled.

“We believe that everyone participating in this simulation scenario is: intelligent, well trained, cares about doing their best, and wants to improve’”
– Harvard rule of simulation

A gynaecological laparoscopy with a bradycardia

A surgical colleague assisting with fidelity – a bleeding ectopic with a PEA arrest

A staff member emergency during surgery

WHY IT WORKS

So, how does this all work to change a culture and enable staff to be engaged in their own learning?

SBE works because it has basis in many educational theories.

The educational theorist Carl Rogers states adults learn best in a non-threatening environment (Nagle et al, 2009). This might sound like a paradox when it comes to simulation, but can be created by a full and sincere pre-brief as described above, and a non-judgemental debrief.

Malcom Knowles purports adults are motivated to learn when they are actively involved in the process, and can apply what they have learned to real life (Nagle et al, 2009).

And perhaps most importantly, David Kolb is famous for his theory of 'experiential learning' (Nagle et al, 2009). Learning is created through transformation of the SBE experience in the debrief.

The debrief must be non-judgemental (Rudolph, Simon, Dufresne, & Raemer, 2006) while actually addressing any errors or issues. Nurse educators must have a comprehensive understanding of the conceptual elements of the debrief, so greater outcomes will result (Sabei & Lasater, 2016). A knowledge of adult educational theory is also really useful for debrief facilitators.

Debrief must retain the dignity and enthusiasm of participants, and also implement long lasting learning. At the core of debrief is the facilitator's role to guide reflective practice – always remembering the ultimate aim of improving practice and potentially impacting patient outcomes (Rudolph et al, 2006). To discuss debrief in detail is beyond the scope of this article.

It is interesting that not only technical and non-technical issues arise in the debrief, but also logistical issues which can then be problem solved.

My informal, anecdotal experience has shown that, three years ago when I commenced regular SBE, staff were frightened of making a mistake, of being in the spotlight, and of being perceived to be reprimanded in public. This is true of experienced staff and also novices, including our graduate nurses straight from university. This has anecdotally always been due to a bad experience in the past, particularly with a judgemental debrief in a public forum. Slowly, over time, and by actually bringing adult learning principles to life in everyday interactions and educational initiatives with staff, this culture of fear has slowly changed.

While it did take time to embrace simulation, staff now readily accept it as an engaging and valuable platform for long lasting learning. I wish I could have bottled the atmosphere in recovery room last week, when I asked the team if they had any ideas to make our next shockable rhythm scenario exciting and different. Multi-disciplinary team members joined in the very animated conversation, and together the plan for an excellent scenario was created. One team member was disappointed she was rostered off on the day of the sim!

In conclusion, I have been able to lead a culture of change to engage staff in a positive and interactive learning environment, which is responsive to their needs. I am privileged to be able to provide the forum for staff to regularly have the opportunity to practice their non-technical skills in emergency and unexpected responses. Much further research is required into this subject, which I hope to explore in the future.

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THINKSTOCK

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THE JUNIOR NURSE

Contesting the pre-existing culture

Nursing is in my blood – from my mother, sister, aunts and cousins. Between them they have nearly 200 years of experience; there is nothing they haven't seen or done. When I said I was going into nursing school I had a large range of responses, some excited for me, some telling me to turn back whilst I still had my sanity, but the most common theme was culture – tales of old nursing pals that will stay with them forever. The most concerning part was that most of these stories started with either saving each other from running away from, or taking the brunt of, a senior nurse.

One would think that a profession that is renowned for around the clock, no limits or boundaries, care would have respect for one another. This is what I went into nursing thinking anyway.

My year of experience includes working in a small emergency department in South Australia, where I was excited to get a taste of what emergency departments had to offer. On the outside the department is extremely friendly and cohesive, works well together and has fantastic statistics and goals. Once further into the group, I discovered the competitive nature and the sometime vicious ethos. In its most simplistic form it is as if the more experienced you are, the more protective you are of your position.
As always, there are many exceptions to the rule – those wonderful experienced nurses who only want to see all nurses succeed. The negative behaviours I found myself involved in most commonly were: intent to delay professional development and ridicule on everyday nursing tasks.

I was beyond frustrated with a group of nurses who would actively remove junior nurses from amazing learning opportunities. I would like to share one story, to give a good understanding of how bad this issue actually is. I was on night shift, with 10 patients in a 50 bed department, working in high acuity that connects with resuscitation. We had one patient for the four nurses, they were stable. Call over the box, category 1, GSC 5, resp rate of five, "please prepare for impending intubation". The night shift consultant asked if I would like to observe and see my first intubation, the entire resuscitation team had no problem with me being in the room. Yet not two minutes after the arrival of the patient, as the team was in the final stages of their check list, my charge nurse pulled me out of the resuscitation room and said our patient needed vital signs…

She was a nurse known for removing any student or junior nurse from observing a procedure. I politely asked if I could complete this task after watching the intubation. It was a firm no, with not a single good reason. So I commenced doing vital signs on our one patient whilst four other nurses sat, drank coffee and gossiped. In the short time it took for me to finish, ICU had arrived ready to transport the patient. I know I am not the only junior nurse working through conditions like these, so I don't let it get to me.

I do not think I will ever understand why some think work is a competition, whether it is lacking confidence or purely territorial. The only thing that I know for sure is, as one of the new generations of nurses, I will be that positive change. I will never endorse this behaviour and whenever my colleagues fall victim, I will help them promote the positive change that will eventually disarm those who use inappropriate behaviour in their workplace. I truly believe that it will only take a small few to enhance this positivity to make a permanent change. I am very aware not all my seniors are like this and I will go out of my way to thank those who aren't for their ongoing support. My intent for this article is food for thought for those who haven't been 'new' in a while and for those who are new to know that you are never alone. If these situations are a common occurrence or are affecting your mental health, never be afraid to seek help.

AUTHOR

JANE BORN (PSEUDONYM)

WHY IS A POSITIVE WORKPLACE CULTURE IMPORTANT?

A smorgasbord of opinion

This spotlight on workplace culture highlights its contemporary importance. This article is a 'menu' where the literature is the appetiser and the main course describes what workplace culture means to those who work on, and in, the system.

The lens will magnify the views of a newly registered nurse, an experienced nurse, a nurse initially trained overseas, an experienced Nurse Manager, an academic and an experienced executive Director of Nursing. The question posed to all these patient advocates is "what is a positive workplace culture and why is it important"?

Hinshaw (2008) describes the tension between a safety culture and workforce challenges as 'navigating the perfect storm' – this is no 'storm in a teacup' when you consider the suggestion by Mee (2013) who believes that a negative workplace culture may be used as an excuse for what is 'poor care', almost exclusively referring to the *Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry* (2013).

More recent literature has highlighted the importance of the nurse manager role in mitigating factors that may promote staff absence (Hahtela et al., 2015) through the promotion of positive workplace culture.

So – what are the practical views, starting the journey with a newly registered nurse followed by those along the continuum of experience?

– Associate Professor Anthony McGillion MACN

JESSICA RAMSAY, RN, Royal Children's Hospital, Victoria

"In transitioning from a student to a registered nurse, I sometimes feel as though I am performing 'nursing fraud' – I am now allowed to perform tasks independently that previously I have only ever completed under supervision. As I put my scrubs on for the first time, I am trusted by my patients and their families, who expect that I have the competence and confidence to complete all aspects of nursing care. It is humbling to finally refer to myself as a registered nurse, but also daunting to accept accountability for all aspects of my nursing care whilst coping with the demands that come with a career in health care. A positive working environment is important for the promotion of patient safety, as well as the wellbeing of registered health professionals. To me, a positive work environment is built on transparency and emotional support.

As I transition, I rely on the emotional support of those around me to guide and mentor me as I familiarise myself with the demands of my career, to help me gain the knowledge and confidence to manage the diverse and complex needs of unwell patients, as well as hospital processes, policies and procedures. It is important to acknowledge the little things such as a simple smile accompanied with an offer of assistance in daily nursing tasks. This fosters a working environment in which all members of the nursing team are transparent about aspects of nursing care they may not feel confident to perform independently.

I further believe a working environment that is supportive of change is critical for patient safety. As new research is completed and translated, it is important to support the safe application of best practice nursing".

THINKSTOCK

> “I have seen good and bad workplace culture and have often wondered whether the role you are in dictates how you see the culture? ”

MAYUMI UEOKA, RN, Alfred Health

“As a current full-time employee in Australia, I am a registered nurse in both Japan and Australia. I have experienced several aspects of positive workplace culture in Australia during my working experience but the notable workplace difference is language. My current workplace consists of a variety of international staff and patients, and the language barrier is daunting. However, everyone attempts to have excellent communication and interaction with an effort to understand each other positively.

The different thoughts, culture and beliefs of diverse backgrounds are typical of this multicultural country. This is evident through respecting other people and adopting different perceptions in a team to achieve a high standard of nursing.

The attitude towards work-life balance is significantly different; overtime remains part of the culture in Japan, and the work-life balance may be neglected. Conversely, the attitude which people consider valuing outside work has been seen in a positive way in this country. Thus, Australia has many aspects of positive workplace culture, understanding each other through communication, interaction, respect, adopting, supporting and accepting others. I am currently being supported in my commitment to extend my professional development by studying Master of Research while maintaining my employment, showing workplace flexibility.

The culture is very important for individuals to enhance their performance, development and job satisfaction and avoid feeling isolated, and for a team to maintain work efficiently and achieve a high standard of nursing.”

KAHLIA WILKINS, RN, Grad Cert Emergency Nursing, Royal Melbourne Hospital

“To me, a positive workplace culture is one that considers all members of the team as equally valuable, regardless of their role or years of experience. One that is welcoming to new staff, making them feel supported and as much a member of the team as everyone else. One that allows staff to speak up when they feel they need to without fear of retribution. One that fosters and encourages new ideas and is supportive of change when it is in the best interests of patients and staff. One that acknowledges that bullying comes in many forms and is still an issue in our industry, and actively works to end it.

Finally, a positive workplace culture is one that understands and acknowledges the demands that are placed on us, working antisocial hours away from our loved ones in stressful conditions.

Why is this important? I believe that working in an area that has a positive workplace culture means that staff will be happier to work there. This in turn means that they will be more likely to do their job to a high standard. Ultimately, this means better outcomes for that patients as they will receive a higher standard of care.”

GRACE JURY, Nurse Unit Manager, Royal Melbourne Hospital, Victoria

"To me, a positive workplace culture is a team that is committed, works together, supports each other, has high morale, interacts and engages with each other professionally and respectfully. It is a positive team, with an improvement focus, adaptive to change and new ideas, always striving to be better. A team that is valued. Positive culture is led from above.

A positive team culture is important to provide the best care and safe outcomes for our patients and their families, an environment that people want to be in, that people feel empowered and safe in, an environment in which people can speak up and where education and learning is promoted. This results in job satisfaction, reliability, retaining staff, attracting staff and high productivity."

ASSOCIATE PROFESSOR ANTHONY MCGILLION MACN, La Trobe University, Victoria

"I am now working in academia but have worked across several dimensions globally, in private and public contexts. I have seen good and bad workplace culture and have often wondered whether the role you are in dictates how you see the culture? It can be both invasive and pervasive – it is also a physical presence within the foundations of an organisation, as well as more abstract and people-dependent.

To me, a positive workplace culture is a place where patients reap the benefits of an engaged workforce. Defining 'engagement' is difficult but I believe it is like a utopia where integrity, respect and compassion for others are words that are lived rather than only written. These values are woven into the fabric of every facet of communication and exceptions are held to account by everyone.

Challenges are welcomed and seen as a key cog in the engine that keeps turning through a fuel known as motivation."

ASSOCIATE PROFESSOR DENISE HEINJUS, Executive Director Nursing Services, Melbourne Health

"At Melbourne Health, we are consciously cultivating a culture that cares for and respects our staff, patients and the surrounding environment. Our vision of *First in Care, Research and Learning* is at the core of all decision-making and has been important for encouraging our staff, patients and their families to be partners in care wherever possible. This is not to pretend every day is without challenge or incident, however a positive workplace culture prepares for such a scenario and leadership recognises vulnerability and the need to respond thoughtfully and genuinely.

A healthy workplace values diversity and nurtures inclusiveness and we have worked with our staff and patients to create an inclusive and safe care environment. Robust discussions are respectfully had, a range of opinion is sought and people at all levels of the organisation are encouraged to speak up in order to create a safe environment for all. We are working together to create a workplace where our staff can provide the very best care possible. It is important that our relationships are built on strong levels of trust and mutual respect for the value and expertise provided by every member of the care team. This means we 'have each other's back' in order to prevent mistakes and harm. The Safety CODE (Checks, Options, Demand and Elevate) is a relatively new initiative to support staff in raising concerns in a safe environment. Feedback from staff suggests we are certainly heading in the right direction to achieve a positive workplace culture and change is palpable, however, this was never going to be a quick fix and requires us all to be equally committed to the end goal."

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PERCEPTIONS OF WORKPLACE CULTURE

Australian GenX nurses

A workplace culture is invisible. It is the personality of the environment and just like people have their unique personality, a workplace culture is acquired over time. The workplace culture influences perceptions of job satisfaction, commitment, empowerment and the intention to turnover. A national study conducted in 2015 revealed important perceptions of workplace culture from a segment of the Australian nursing workforce, the GenerationX (GenX) nurse.

The GenX cohort was born between 1965-1980. GenX were shaped by the cultural, social and historical events occurring during their formative years: the HIV epidemic, rising interest rates, an emerging technology and the fall of the Berlin wall, to name a few. Seen as individualistic and driven to achieve a work-life balance, the professional behavior of GenXers is affected by their social and cultural environment, including the work environment.

Our research identified several factors that are instrumental in the development and maintenance of the workplace culture in a nursing environment. Support and recognition from colleagues sets the scene for a positive work culture. A harmonious workplace is influenced by peer cohesion, where nurses feel valued by their managers and by their patients. Management and leadership based on respect and trust facilitates and promotes effective communication. Sharing knowledge and learning from each other encourages a culture of collaboration and shared governance, features of work greatly valued by the GenXers. These factors generate positive perceptions of the work culture where decisions are made collaboratively between all health professionals. More importantly, these factors are sustainable.

A culture rich in opportunities to learn, advance and excel will influence and reinforce productive and innovative work outcomes. Providing support mechanisms to nurses such as mentors for guidance or a coach for feedback are contemporary practices that allow the GenX nurse to measure themselves against standards held by the workplace culture. Placing value in work conditions that reinforce continued employment, stability and cohesion means that a sense of accomplishment ensues.

A work environment influenced and congruent with GenX work values is a strong predictor for job satisfaction and tenure.

Nurses' jobs are often stressful, busy, physically and emotionally draining. An already demanding environment is compounded by financial constraints, institutional demands for accountability and a national nursing shortage. Added to these pressures, when nurses personally experience or bear witness to bullying and incivility and a lack of recognition from colleagues, the positive aspects of nursing are overshadowed. In view of the looming shortage of nurses, emphasis ought to be placed on keeping experienced nurses in our workforce. GenX nurses will respond to the culture of the workplace and are motivated to stay nursing if supported by management, their colleagues and given professional opportunities to advance their careers.

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SYBELE CHRISTOPHER
FACN

SAFE WORKPLACE CULTURES

Best practice in mental health nursing

> **“ Unhealthy workplace cultures are hazardous to everyone’s health; nurses, patients and their carers, communities, and wider health services and systems. ”**

INTRODUCTION

Best practice mental health nursing takes place within safe workplace cultures. Challenges and constraints to the giving of safe quality mental health care arise when standards of practice are not firmly embedded, and when workplace cultures are weakened.

What are the characteristics of safe workplace cultures in mental health nursing settings? What are the determinants of best mental health nursing practice? How can safe workplace cultures be promoted for mental health nurses?

BACKGROUND

In September 2017, a focussed literature review was undertaken with the aim to identify studies relating specifically to Australian and New Zealand mental health nursing/mental health services, and the promotion of safe workplace cultures and the embedding of professional standards. This summary highlights the findings and gives further comments.

WHAT ARE THE CENTRAL CHARACTERISTICS OF SAFE MENTAL HEALTH NURSING WORKPLACE CULTURES?

The Australian mental health nursing literature identifies a number of characteristics of safe workplace cultures, all of which are interactive and iterative, and can be summarised as:

Shared values – explicit and enacted – positively shape the professional practices of all mental health nurses within their workplace culture (Kanerva et al., 2013). This can be perceived and promoted as a ‘values community’. Clearly, standards of practice, policy and codes of conduct provide the scaffolding for professional values (ACSQHC, 2017, ACMHN, 2010). A strong ‘values community’ is constituted through a coherent match between mental health nurses, their standards of practice, and their workplace (Kanerva et al., 2013). Group clinical supervision cements the foundation for shared values and embedded standards of practice, providing opportunities for ‘safe reflection’, interpersonal skills development, teamwork, shared sustained learning, accountability and self-care (Carroll, 2009., Love et al, 2016). Values orientation is a process that remains incompletely understood but clearly influences new members of the profession and those entering a workplace. The instilling and nurturing of professional values continues to be a challenge for the professions and their educators and regulators. Workplace cultures characterised by values conflicts lead to experiences of moral distress; a state experienced when the workplace – through its weakened culture and processes – disables the safe and ethical practices of nursing (Hyatt, 2017).

Communication that is open, effective, democratic, and respected is essential (ACSQHC, 2017). There must be safe opportunities for ‘speaking up’ and ‘speaking out’. Teamwork organisations and services are signifiers of healthy workplace cultures that enable effective and honest communication. Hierarchical

organisations and services hold the potential for communication barriers; inequalities of power and status lead to ineffective communication (Gallego, 2012), and it is within these structures that bullying, harassment, clinical uncertainty and disengagement from best practice arise. Feeling 'at risk' in the workplace, or feeling clinically uncertain, are signs of an unhealthy workplace (Hyatt, 2017, Wilson et al, 2017)

Wellbeing of all staff must be supported. This requires a full recognition of the stressors, challenges, and skills of mental health care (Gallego, 2012). Staff resources are ever-present challenges; skill mix matching to the clinical care needs and dynamic acuity levels of patients must be informed by the evidence, and this requires watchfulness, responsiveness, and accountability. Continuing professional development of staff must be provided, promoted, and required; a sense of low competence is a powerful negative determinant of professional practice and is a barrier to best and safe care (Baker et al, 2015). Resilient mental health nurses and workplace cultures are required in workplaces that are dynamic and uncertain; staff development, clinical supervision and 'cultures of care' (Wilson et al, 2017) are central factors that nurture nurses and healthy cultures (Hyatt, 2017).

Leadership, in all its forms, is a central process in healthy workplace cultures whereby values and professional standards are embedded, and staff are supported (Flodgren et al, 2012, ACSQHC, 2017). Mentors (formal and informal), advanced practitioners, change champions, academic and clinical partnerships, and new transitioning graduates are all powerful actors who can positively shape and influence the work of others. Leaders must be available, visible, responsive, experienced, connected to the mental health care environments and listening to the nurses providing direct care (Kanerva et al, 2013; ACSQHC, 2017). Leaders require good followers; their qualities include loyalty and humility, competence, accountability, and regard. Good followership, while not as closely considered, is the complementary side to strong leadership. We must be able to participate in productive appraisal processes and take responsibility for self-regulation and professional development.

Enhancing quality of care requires clinical review, practice audits, and open disclosure. A 'no blame' culture must uphold shared learning from errors, barriers to best practice, critical events, and traumatic experiences (Kanerva et al, 2013, Wilson et al, 2017). The communication of this organisational learning must be effective, so that learning can be more widely shared across workplaces, and health services and systems. Strengthening quality care requires review, repetition, and recognition. Best practice mental health nursing is an everyday occurrence in many mental health workplaces; the determinants of this must be captured and replicated. Outcomes of care are important indicators of best practice, however the evaluation of processes of caregiving and the measurement of factors central to safe workplaces need closer attention and reporting (ACSQHC, 2017). There are many stakeholders within the provision of mental health nursing services; effective engagement with them requires all voices to be heard (Kanerva et al, 2013, Wilson et al, 2017).

FURTHER THOUGHTS

Unhealthy workplace cultures are hazardous to everyone's health; nurses, patients and their carers, communities, and wider health services and systems. They hold barriers to best practice mental health nursing, and in some settings they frame non-therapeutic care (Berring et al 2016.). They also hold practices and values that resist change.

It is important to recognise the cyclical interrelationships between best practice nursing and workplace cultures. Changing the values, behaviours and practices of nurses cannot be the only focus. Tailored interventions towards changing professional practices show small to moderate effects (Baker et al 2015) and sustained change is not well documented. New policies and standards of practice are not enacted and embedded into daily practice simply by their production alone; the characteristics of safe workplaces summarised above are required. Those who receive mental health nursing care also have important messages to give regarding their experiences of safe environments, trauma and recovery. This is a growing source of collaborative learning for safe practice and workplace cultural change.

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GROWING A POSITIVE CULTURE

Engaging nurses to transform workplace culture

> “As nurses, we spend our careers acquiring knowledge and developing skills to ensure the delivery of quality care, but how often do we stop to consider the impact our workplace culture has…?”

UNDERSTANDING WORKPLACE CULTURE

Engaging staff to seek their views about their workplace culture is crucial in the health care sector (Bellot, 2011), as it gives staff a voice, recognises the importance of their contributions, and provides valuable insight into the status of workplace culture.

VIEWING QUALITY AND SAFETY THROUGH A WORKPLACE CULTURE LENS

Incidents of sub-optimal clinical care that compromise patient safety are often attributed to the performance of individual staff members. Not surprisingly, the reactions of health administrators are often focused on re-education and closer supervision. Commonly overlooked are the bigger issues at hand, including examining the workplace culture (Gale, Shapiro, McLeod, Redwood, & Hewison, 2014). If there is a decrease in hand hygiene compliance, the initial response may be focused on re-education of staff about technique or frequency of hand hygiene, or increasing hand hygiene products in the environment. While this knowledge is vital, as well as technical skills and resources to ensure safe practice, workplace culture also influences clinical practice (Williams, et al., 2015). For example, leadership behaviours such as role modelling by other clinicians has a strong influence on the behaviours and practices of other staff at the workplace (Gale, et al., 2014; Muls, et al, 2015).

Systematic reviews show that improved patient outcomes such as reduced mortality rates, falls, hospital acquired infections and increased satisfaction are associated with positive organisational and workplace cultures (Braithwaite et al 2017).

As nurses, we spend our careers acquiring knowledge and developing skills to ensure the delivery of quality care, but how often do we stop to consider the impact our workplace culture has on the care we provide and our patients’ outcomes? Sutcliffe, Paine and Pronovost (2017) suggest clinicians often perceive culture as something “outside and separate from themselves, as if they are passive pawns rather than potent players in creating their workplace culture” (p. 250). But as the authors state, we all play a role. This is not a surprise, as clinicians often view workplace culture as external and imposed upon them, not as key players or co-creators of this culture (Sutcliffe, Paine, & Pronovost, 2017).

UNDERTAKING A WORKPLACE CULTURE TRANSFORMATION

Our story is about how nurses and researchers collaborated to transform workplace culture in a health care facility that was undergoing major redevelopment. The objective was to use this information to co-create a workplace culture that promoted safety, performance and job satisfaction. The process involved: a) understanding the workplace culture; b) viewing quality and safety from a workplace culture perspective; c) engaging nurses and seeking their views, experiences and expectations of workplace culture; and d) action to transform workplace culture.

ENGAGING NURSES AND RESEARCHERS

As our health care organisation was undergoing a redevelopment over five

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years, this provided the perfect opportunity to explore nurses' views and experiences of their workplace culture. All nurses were invited to participate in the research study by completing a workplace culture survey and/or participate in a focus group. Nursing executive lent their support to the project.

Following collation of the surveys, the organisational workplace culture outcomes and individual unit results were presented to each manager by the lead researcher. A workshop was held for the managers with an experienced facilitator to assist them with prioritising the issues and developing strategies raised from the survey. This workshop fostered a relationship between nurses and researchers that provided nursing managers with a greater understanding of workplace culture and enabled them to disseminate and translate the findings of the survey into practice.

CONCLUSION

This story illustrates how engaging with nurses in understanding workplace culture and collaborating with nursing leadership teams, assists in developing an understanding of workplace culture and its relevance in both the organisation and at a departmental level in providing leadership in transforming workplace culture.

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EXPERIENCES OF COLLABORATION:

The relationship between GPs and registered nurses

“While collaboration and teamwork are known to improve staff satisfaction and reduce health care costs (Garret et al 2007), little is understood about the way that GPs and general practice registered nurses collaborate.”

More people are presenting to general practice for the management of chronic conditions than ever before. While collaboration and teamwork are known to improve staff satisfaction and reduce health care costs (Garret et al 2007), little is understood about the way that GPs and general practice registered nurses (GPRNs) collaborate. Understanding this phenomenon has the potential to develop the building capacity of the general practice workforce and at the same time, optimise the GPRNs role within this clinical setting.

I recently completed my PhD exploring collaboration between GPs and GPRNs in Australian general practices. Fourteen GPRNs and eight GPs from two Primary Health Networks in NSW participated in this qualitative project. Findings suggest that the small business model found in many Australian general practices has a lack of clarity around the GPRNs scope of practice limited collaboration (McInnes et al 2017).

It was evident that the GPs’ dual role as clinical peer and business owner created tensions in this unique work environment. GPRN participants articulated their frustration at the practice of co-consultations whereby the GP would ‘pop in’ during a GPRN consultation so that a Medicare item number could be generated. The need to generate income in this way was not viewed as collaborative by GPRN participants who felt that the limitations of this funding model restricted their capacity to work to the full extent of their practice.

Many GPRN participants also articulated a desire to work autonomously and viewed this as an attractive component of their role. However, examples of GPRN autonomy largely described parallel working within a hierarchical arrangement, whereby the GP delegated tasks to GPRNs. While autonomy is known to improve the professional satisfaction of GPRNs (Ashley et al 2018), it does not align well with collaboration which instead relies on interdependent practices and the co-provision of care (Oandasan et al 2006).

Collaboration between GPs and GPRNs was clearly evident when team members attended interdisciplinary clinical meetings and when educational sessions were attended by all team members. Such opportunities actively encouraged the engagement and input of GPRNs in clinical decision making and ensured that the most appropriate team member led care.

Through this research, more is now known about the concepts underpinning collaboration. While adopting collaborative practices within a hierarchical business model is challenging, improving inter-professional awareness and shifting organisational culture can facilitate collaboration between the two largest health disciplines working in Australian general practice.

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WHO IS TO BLAME FOR THE BULLYING EPIDEMIC?

I have worked in health since I was 18, first as a personal care assistant in a nursing home and then as a registered nurse, employed across acute care, remote indigenous communities, aged care and community health. In 2016 I moved out of the health care industry and into science and exploration, managing tradies and scientists over a winter in Antarctica for the Australian Antarctic Division. For 10 months I was responsible for a group of people in a very isolated location, and one of the team members was a bully. My experiences in managing this bully were very different to my previous experiences managing bullies in the health care industry. The behaviours that the rest of the team identified, found difficult to cope with and needed assistance understanding were initially not obvious to me, something that I found difficult to understand.

Fortunately, concurrently with my expedition leader position I was also undertaking a study into workplace violence through Deakin University. One day the bullying behaviour that I was observing, the effect that it was having on the team and the literature that I was reading suddenly made sense. I had a light bulb moment of insight into how entrenched bullying behaviours are in the health industry, how often we accept workplace violence as normal, part of the job and inevitable. I was struggling to see the bullying behaviour my staff member was displaying because his behaviour seemed almost normal to me after over 30 years in the health industry. I started to ask, who's to blame? Is our organisational or professional culture to blame? Is health full of bullies or do we create them? What can we change? What can we do differently?

Bullying is defined in Australia as repeated and unreasonable behaviour directed towards a worker or group of workers that creates a risk to health and safety (Safe Work Australia, 2016). In the health care industry and more pertinently, nursing, over 50% of nursing students have experienced bullying and/or harassment during their clinical placements (Budden, Birks, Cant, Bagley & Park, 2017). CRANA (2017) found that 77% of remote area nurses had witnessed colleagues leaving their position due to bullying and/or harassment. 40% of nurses in hospital-based roles reported regular bullying over the preceding 12 months (Frost, 2016). Compared to bullying and/or harassment figures across all occupations in Australia, nursing demonstrated a high level of exposure. In 2014–15, 9.4% of workers across all industries experienced bullying in the preceding six months (SafeWork, 2016). Nursing has long acknowledged the issue with bullying or horizontal violence within our industry, but we don't seem to have been able to change the professional or organisational culture and reduce the levels. There are many theories about why nursing has developed a professional culture of bullying and exploring these can provide insight into how we can change.

Organisational culture is a system of shared assumptions, values and beliefs which govern how people behave in an organisation. Organisational culture is demonstrated publicly through a vision, values statement or organisational mission. As nurses, we also have a professional culture that we work within. Our professional culture is developed in the same way as an organisational culture, a set of shared assumptions, values and beliefs that govern how we behave within our profession. In nursing, our professional culture is publicly displayed though our Nursing and Midwifery Board Code of Conduct and professional organisations like the Australian College of

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> **“I had a light bulb moment of insight into how entrenched bullying behaviours are in the health industry, how often we accept workplace violence as normal, part of the job and inevitable.”**

Nursing. But what about behind the scenes, are our public vision and values reflected in our behaviours? If not why not?

SafeWork Australia (2016) identifies four possible reasons why bullying occurs.

Psychosocial safety change hypothesis – a lack of managerial regard for workplace psychological health and safety leads to poor work and in turn bullying and harassment.

Productivity hypothesis – bullying and harassment are a means to obtain more productivity from workers

Retain and-build personal Power hypothesis – bullying and harassment are tactics to maintain the status quo of personal power distribution within organisations

Work environment hypothesis – poor quality work in terms of task and job design, such as high levels of demands and low levels of resources, precipitates bullying and harassment.

All of these hypotheses revolve around the relationship between power, work pressures and available resources. An alternative theory is the idea of desensitisation.

This theory drawn from psychology has demonstrated that exposure to violence can, over time, reduce a person’s arousal state (Krahe, Moller, Huesmann, Kirwil, Felber & Berger, 2011) ie. their fight or flight reaction. With up to 90% of nurses regularly subjected to verbal and physical workplace violence from clients (Reknes, Notelaers, Mageroy, Pallessen, Bjorvatn, Moen & Einarsen, 2017), nurses can become desensitised to violence. Over time and as we become desensitised through multiple experiences of workplace violence, we fail to recognise the effect that it is having on ourselves and the way that we interact with each other. Following an incident of client mediated violence, the immediate and sometimes subconscious response is increased feelings of anger and frustration which can manifest as internal workplace violence displayed as irritability, anger or hostility towards co-workers (Gates, Gillespie & Succop, 2011).

One of the oldest theories around bullying has been that nurses engage in oppressed group behaviour, defined as “…an individual or group (who) not only feels but is relatively powerless compared to another, can take it (frustration) out on each other within the oppressed group, especially on some-one even less powerful”. This theory has been floated since the early 1980s and references the power dynamic between nursing (feminine) and medicine (masculine) as well as societal power dynamics (Roberts, Demarco & Griffin, 2009).

These theories create a picture of why bullying is so prevalent in nursing. Nursing is a profession with a basis in advocacy, health promotion and compassion, however too often we see slow and quiet organisational implosion demonstrated as disengaged employees or professionals, low quality service, high turnover, increasing sick leave and consumer complaints. If we can understand why bullying levels are so high, then we can take steps to create congruence between our espoused organisational and professional values and vision and our behaviours. So let’s think about how we can redefine work roles and resource allocation to support each other. Let’s consider the effect of client-mediated violence on our colleagues, support each other. Examine your personal levels of desensitisation; do you internalise the feeling of frustration and anger following an incident? Do you find you are more irritable following an incident of occupational violence even when the incident seems minor? Do you support a colleague after witnessing an incident of workplace violence, even when your colleague says they are okay? Let’s try to create organisational and professional cultures where our values and vision match our behaviours, assumptions and intentions.

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AUTHOR

JENNIFER WRESSELL MACN

Nursing matters

Confirming our professional identity in the eyes of the general public: why our language and stories are so important

In January, a short article from the BBC passed through my newsfeed entitled Nurses: The way the profession is changing. In this article, a collaboration with the Royal College of Nursing, three nurses were showcased who were acting as largely autonomous, advanced practitioners in their clinical areas (Therrien, 2018). I admired the work that these nurses were doing but I did wonder myself if the initiatives were really so new? Or was this was one of the few times the mainstream media had picked up and promoted what advanced practice nurses really do?

As insiders, we are naturally aware of our own work and the work of many colleagues in developing nursing theories, nursing research and specialist knowledge in unique advanced practice areas. Each area demands a huge amount of nursing experience and theoretical knowledge in order to provide unique nursing based solutions. The problem is that we tend to forget to tell the general public and this lack of recognition causes problems when we have to stand our professional ground.

Just to test, non-scientifically, how the general public views the nursing profession, I conducted a very informal survey on my Facebook page where I asked my contacts if they had ever benefited from the specialist knowledge of a talented nurse. I was really hoping to hear some concrete examples where nurses had perhaps shown a person how to care for a medical device, provided ongoing counselling in a chronic disease situation or healed a wound which had been a long-term problem. Unfortunately I was largely disappointed. My respondents all enthusiastically praised nurses as lovely people, but when asked what the nurse had done the same responses came up: 'they were nice', 'they were sensible", 'they reassured me that everything would be fine', 'they held my hand', 'they bought me a snuggly warm blanket.' I know the significance of these things for patients and I am not disputing their importance for a minute but it saddened me that, even with prompting, no-one could pinpoint an example where they had appreciated a nurse's expert knowledge. Eventually, it came out that the nurses had shown skill in patient education, in managing chronic disease processes holistically and in observation and identification of impending problems. Yet, without my persistent questioning, no one would have mentioned these highly important skills. The gratitude to nurses was certainly there but there was little appreciation for nursing as a professional skill.

When one examines the definition of a profession, it is clear that contemporary Australian nursing can fulfil the criteria. We are clearly differentiated in law from other professions and operate within a legal framework which allows us self-regulation. We prepare would-be nurses with an intellectual basis for their practice through higher education. We have a clearly developed code of ethics which protects the public and our patients. We generate a positive effect on our communities through altruism and worthwhile knowledge. Increasingly, we have gained more political power (another criterion for an independent profession) through ACN and ANF activities and through an increased profile in health care policy via roles such as the Chief Nursing and Midwifery Officer (Saks 2012; ten Hoeve, Jansen & Roodbol, 2014). There are many countries with health systems as sophisticated as ours where nurses find it much more difficult to establish their professional credentials, their identity and their minimum expectations for workload and remuneration. Therefore all these achievements in Australian nursing are significant and must be celebrated!

I do believe, however, that each of us can assert more ownership of our unique body of professional knowledge and expertise (Saks 2012). I believe for the future of our profession, it is essential that we do so. If we do not, the general public will continue to have a very vague idea of what we really do and we will continue to have a sense that we have to battle for professional recognition. The public is not confronted with images, stories or language often enough which clearly articulate the nursing knowledge base. We have all seen the media campaigns for nursing recruitment… nurses are depicted smiling, holding people's hands, cuddling babies, holding clipboards, walking down corridors and perhaps passing things to surgeons. In many campaigns where nurses are asked about their job, they emphasise 'caring', 'following a family tradition', 'making a difference', 'doing something good' and 'enjoying gratitude'. There is very rarely any discussion of their knowledge, their specialised skills and what only they can offer to the public.

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“We want to be respected and recompensed for our knowledge, our years of experience and training and the critical importance of our work to the health care system.”

But if we value caring and so do our patients, isn’t that enough for us? Well, unfortunately, it seems it is not. We want more than to be admired as nice people. We want to be respected and recompensed for our knowledge, our years of experience and training and the critical importance of our work to the health care system. That means we have to value our own expertise and not be shy about informing the general public about what that is. We need to depict the complexity of the work we do every day and not downplay it. It is our choice whether we say ‘I take people to the toilet all day’ or whether we explain our promotion of patient wellbeing through the assessment and facilitation of mobility, skin integrity, fluid balance and elimination.

This change in language may sound like mere wordplay but it is so very important. Our own language speaks volumes about the way we respect our work. If we play down what we do, why should anyone outside the profession bother to promote the great work that lies underneath our self-deprecation on our behalf? Every industry promotes its services and knowledge in a bid for respect, influence and remuneration. Why shouldn’t nursing follow suit? We need to be unembarrassed about publicising our pursuit of knowledge, and the development of our own concepts and theories. We need to stop resenting the research-practice divide within our profession and see that research informs our practice and gives us the unique professional knowledge which we need. Conversely, we need to encourage more clinical nurses not to fear research conventions and to assist them to substantiate their ‘nursing instinct’ about one thing or another with actual rigorous evidence. We need to discuss and define where our expertise lies and then tell the world, diluting the stories we share at home and with our friends about body product catastrophes, unfair workloads and frustration with our medical colleagues. Instead we need to saturate the public consciousness with positive, proud stories of our unique achievements, targets and projects.

It was heartening to see that the BBC, one of the world’s biggest news providers, was prepared to celebrate autonomous nursing practice but there is a lot more to do in our own communities. Whether it is right or not, the modern world celebrates and values ‘winners’: people and professional groups who are skilled, fast-paced, successful and confident. If we want to feel we are truly respected and valued in society, we have to showcase our expert services as valuable, unique offers and, in so doing, demand nothing but the highest respect.

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AUTHOR

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Nursing history

Hospital Saturday: funding health care from the community

A cold corner; nurses collecting on Hospital Saturday, corner of Pitt and Bridge Streets, Sydney. Sydney Mail, 14 May 1898. The Doherty Collection, ACN Archives [PAH3/p605].

Few nurses today remember or have heard of Hospital Saturday. As a way of securing financial assistance from the public, Hospital Saturday was adopted in Australia following the British example. The complicated history of hospital funding in Britain in the late nineteenth century, was the legacy of an eighteenth century pattern of delivering and receiving health care. The subscriber recommendation system, the curtailment of medical charity, the ideology of self-help, the place of philanthropy and the existence of Friendly Societies all added to the complexity. In late nineteenth century, the hospital became a symbol not only of voluntarism but also of a social institution with a unifying influence in the community (Cherry, 2000).

Hospital Saturdays were held once a year to collect donations from the public to complement the financing of public hospitals, both large institutions and cottage hospitals. Saturday, traditionally the day workers were paid, was chosen as the most favourable collecting day.

Nurses played a fundamental role in the army of volunteer collectors. Dressed in their outdoor uniforms on an obviously wet day, the nurses in the photograph above remained dutifully at their post. Nurses in uniform, it seems, were conducive to encouraging the public to contribute. In the *Woman's Column* (*Freeman's Journal*, 1895), 'Peggy' wrote that nurses from different hospitals, "had the best of it – no one seemed to think of refusing them" and she wondered why nurses' uniforms were so attractive to mankind (sic). In 1895, £3,443 was collected in the suburbs and City of Sydney, an amount that more than doubled the previous year's takings (*Freeman's Journal*, 1895).

We cannot go back to those days when hospital funding was based upon charity, built upon the philanthropic motivation of the wealthy and the self-help mentality of the general population. We probably would not want to if we could, as charity provides an uncertain financial foundation for the functioning of modern health care facilities. Nevertheless, have we lost something intrinsic over the decades? The hospital as a place of hospitality, welcoming the stranger, the person in need, the sick individual. Remembering the idea of Hospital Saturday we might ask, have we lost that sense of community ownership and pride in our health institutions?

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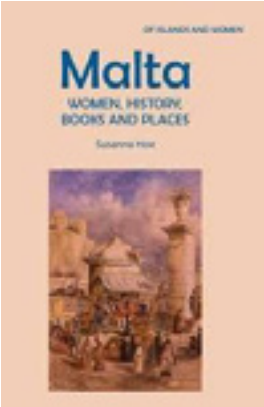
LESLEY POTTER PHD MACN

NOVEL THOUGHTS

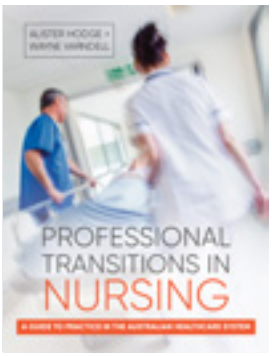


MALTA: WOMEN, HISTORY, BOOKS AND PLACES

Author: Susanna Hoe
Publisher: The Women's History Press
Published: 2015
Available in hard copy or e-book (Kindle)
Reviewer: Marilyn Gendeck FACN

If you have ever been to Malta, you may have noticed the focus of its history is not widely inclusive of women as could be expected. This book with its focus on women adds a dimension to your touring or an interesting addition to the many books on the history of Malta. It also includes some itineraries and as the book can be downloaded to your Kindle app, they make a very convenient tour guide. The itineraries are also available as free PDFs from **www.holobooks.co.uk**.

Malta: Women, History, Books and Places gives a unique insight into women's place in the history of Malta and Gozo, starting with Sicilian farmers 7,000 years ago. It includes content about nurses and women doctors in World War One and Florence Nightingale's connection with Malta amongst many other stories. It has been well researched by the author who spent time in the country and who wrote several historical non-fiction and fiction books. *Malta* is fourth in the series 'Of Islands and Women' that includes Madeira, Crete and Tasmania, exploring the women of those islands, as well as the foreign women who visited them or lived there.



PROFESSIONAL TRANSITIONS IN NURSING

Author: Alister Hodge and Wayne Varndell MACN with Roianne West
Publisher: Allen & Unwin
Published: 2018
Reviewer: Karen Dansey MACN (Honorary), ACN Manager Corporate Support

Written by clinical lecturers this publication is a reference tool for nurse graduates and international nurses relocating to Australia and entering the Australian health workforce for the first time. Broken down into three main parts, the book provides invaluable information. In addition to this there are review questions at the end of chapters one to 11 and listings of common medical acronyms and abbreviations and comparative names of common medications.

Part I: The Australian health system, professional standards and legislation is a key to the minefield of ethics, law and codes of conduct that governs nursing in Australia. Additional detail is provided in relation to leadership, team-building and communication skills.

Part II: Key clinical skills and practices outlines the clinical skills and practices a nurse graduate must master along with how to utilise health information systems and technologies. A special feature in this section is chapter nine (West & Hodge), where an analysis of issues in Aboriginal and Torres Strait Islander nursing practice including health education, racism and cultural safety.

Part III: Gaining employment and career planning provides the reader with advice for applying for a position and includes job interview scenarios.

ONE WOMAN'S WAR AND PEACE: A NURSE'S JOURNEY IN THE ROYAL AUSTRALIAN AIR FORCE

Author: Wing commander Sharon Brown (Ret'd)
Publisher: Exisle Publishing
Published: 2016
Reviewer: Olivia Congdon, ACN Communications Officer

One Woman's War and Peace, the personal memoir of military nurse Sharon Brown, is touching, enlightening and absorbing.

Brown's story is acomplex and emotional one, which vividly describes her extraordinary career, the sacrifices that she (and her Defence Force colleagues) made, and the collateral damage of her duty and mission to help defend Australia. Brown has overcome incredible circumstances including a helicopter crash where she sustained serious physical injuries, as well as a post-traumatic stress disorder diagnosis.

In the Foreword, Hon Dr Brendan Nelson AO, Director of the Australian War Memorial articulates the essence of the book perfectly: "Courage comes in many forms – physical, moral and emotional. *One Woman's War and Peace* manifests all three. This is Sharon Brown's remarkable story."

A COLLECTION OF NURSING BOOK REVIEWS

If you would like to submit a nursing book or film review for publication in an upcoming edition of *The Hive*, please email us at publications@acn.edu.au

We are proud that this year our National Nursing Forum (NNF) is themed Diversity and Difference.

The NNF is ACN's signature annual leadership and educational event bringing together nurses, students and other health professionals from around the country and across the globe. The NNF will take place from Tuesday 28 – Thursday 30 August 2018 at the Gold Coast Convention and Exhibition Centre.

These discussions, analysis and innovation on the topic of diversity is important for the progression of nursing and health care. We hope you can join us there.

Find out more about the NNF at our website: **www.acn.edu.au/event/the-national-nursing-forum-2018**

Also look out for our Spring edition of *The Hive*, which will also tackle the theme of Diversity, following on from the conversations at the August NNF.

TOP10

Ways to promote diversity in the workplace

1

FIND WAYS TO COME TOGETHER

Ensure that people can connect with each other through mentoring or social groups. Diversity involves celebrating differences, but it's important that people don't feel isolated.

2

LOOK BEYOND RECRUITMENT

It's important to consider diversity in every phase of career development, including leadership training, mentoring, team building and workforce planning.

6

ACCOMMODATE DIVERSITY

Be aware of any special needs or cultural requirements within your team and make adjustments within the workplace where appropriate. Making even a small change could mean a lot to your colleague.

7

LOOK FOR NEW PERSPECTIVES

Actively seek new ideas and foster a culture in which different perspectives are valued. Ensure that everyone has a chance to effectively voice their views and opinions.

Promoting diversity within the workplace helps to build an inclusive culture and foster higher levels of innovation, creativity and teamwork. This is paramount in a health care environment, in which new perspectives and ideas result in better decision-making and patient care, as well as greater opportunities for leadership and personal growth.

3

PROMOTE A POSITIVE WORK/LIFE BALANCE

Ensure that employees can access flexible work arrangements, such as carer's leave and flexible working hours. An adaptable work environment will attract and retain valuable staff.

4

APPRECIATE A WIDE RANGE OF ATTRIBUTES

Value and promote the wide range of individual attributes within your team, such as language skills, cultural knowledge and international experience.

5

DEAL WITH BAD BEHAVIOUR

Ensure that discrimination, bullying and harassment are not tolerated in the workplace. Make sure there are clear guidelines and policies in place to resolve any issues.

8

CELEBRATE TEAMWORK

Look for opportunities to maximise inclusiveness and focus on the achievement of collective results. Look for ways to work as a team, utilising each person's strengths and abilities.

9

ESTABLISH INDUSTRY CONNECTIONS

Promote professional connections with relevant cultural and ethnic organisations. This not only fosters greater cultural awareness, it expands professional networks.

10

KEEP UP THE GOOD WORK

Ensure an ongoing commitment to workplace diversity by regularly measuring progress within your team and setting new goals. Make sure that promoting diversity is included in future planning.

ACN upcoming events

POLICY SUMMIT

The ACN Policy Summit will be held on Friday 20 April 2018 at the Vibe Hotel, Canberra Airport. The Policy Summit is a forum for ACN's new Policy Chapters to come together, discuss and identify major policy opportunities and build a strategy to address these. The four inaugural Policy Chapters meeting at this year's Summit are:

- Chronic Disease
- End of Life Care
- Healthy Ageing
- Workforce Sustainability

ACN NURSING & HEALTH EXPO

The ACN Nursing & Health Expo Melbourne is the perfect place to discover and progress your career in the nursing and health professions. If you are a nurse, currently studying nursing or considering a career in the nursing or health professions, then our Expo is for you.

Date: Saturday 28 April 2018

Venue: Melbourne Convention & Exhibition Centre

Cost: Free entry

Time: 8.30am – 1.30pm

ACN NATIONAL NURSES BREAKFAST

Celebrate International Nurses Day with us by participating in our National Nurses Breakfast!

Register as a host for the ACN National Nurses Breakfast and receive a free breakfast pack full of goodies to help you celebrate International Nurses Day with your colleagues and friends.

Register at: **www.acn.edu.au/nnb2018**

Our upcoming events are designed to empower nurses to expand their scope of skills, network with like-minded professionals and be involved in influencing and shaping the profession and its practice. Join in!

ACN HISTORY CONFERENCE

Join ACN's 3rd History Conference on Monday 27 August at the Gold Coast Convention and Exhibition Centre.

The Conference aims to:

- support and promote contributing research, ideas, and projects
- engage in historical inquiry across time
- expand your perspectives for how nursing has been shaped
- reflect on historical methods and new historical content
- draw on insights from history to inspire and strengthen professional identity.

Register at:
www.acn.edu.au/event/acn-history-conference

THE NATIONAL NURSING FORUM

We are excited to announce that registrations have opened for our 2018 National Nursing Forum (NNF)! The NNF will be held at Gold Coast Convention and Exhibition Centre on Tuesday 28 – Thursday 30 August.

This is your chance to join nurses, students and other health professionals from Australia and the globe for an action-packed three days, exploring diversity and difference.

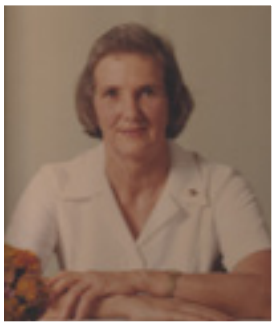
Register at:
www.acn.edu.au/event/the-national-nursing-forum-2018

COMMUNITY AND PRIMARY HEALTH CARE NURSING WEEK

The fourth annual ACN Community and Primary Health Care Nursing Week will be held from Monday 17 to Sunday 23 September 2018.

The campaign encourages nurses and their supporters to host an event at their workplace, university or community centre during the week to celebrate the valuable contribution Community and Primary Health Care Nurses make to the wellbeing of our society.

Save the date and we will be sharing information on how you can get involved soon.



Alison Moss (nee Goodwin) OAM FACN

16/08/1925 – 28/12/2017

> **“After nearly 20 years of nursing, Roma would be the last hospital she would work in and leave her mark.”**

Alison Moss (nee Goodwin) OAM, was born in Charleville, Queensland on 16 August 1925. She was the second of three children, sister to Kenneth and Douglas.

The family grew up on the outskirts of Augathella (QLD) on the property her father managed. Alison went to school at the local convent, finishing when she completed her scholarship.

In 1943, Alison commenced her nurses training at Charleville Base Hospital, completing at the Brisbane General Hospital in 1947. She completed her midwifery training in 1948 at King George V.

Alison wanted to travel using her nursing knowledge. She was going to Tasmania… so she thought. In 1949 she became matron at Warialda Hospital (NSW). It was here all plans changed. She met and eventually married a local farmer, marrying in 1951. This union produced one daughter Susan. The marriage failed, and Alison left the home with Susan.

In 1958, with Susan in tow, Alison became matron at Barraba (NSW), then went on to Bingara, Bangalow and Kyogle. In early 1966, Alison returned to Charleville to be closer to her beloved father (her mother passed away 1965). During the next two years, Alison became a nurse in a local doctor’s surgery. When Susan finished school in 1967, Alison was once again able to focus on her career.

In 1968, Alison became matron at Mitchell Hospital, Queensland and in July the same year the position of matron was offered to her, and she accepted. After nearly 20 years of nursing, Roma would be the last hospital she would work in and leave her mark!

During this time, Alison became a grandmother in 1973 to Samantha and to Jon in 1976.

In 1981, she was awarded an OAM for her services to nursing. A lot of changes occurred during her time at Roma. Many fond memories were made during this time.

Alison eventually retired in 1987 (officially 1988), and moved to the Gold Coast to be closer to her younger brother. During the early years of her retirement Alison volunteered at the Southport branch of Red Cross, and also visited cancer patients on the coast. After more than 10 years of volunteering, Alison gave it up, and spent her time in her beautiful garden at home. Everyone commented on her gardens and her ‘green thumbs’!

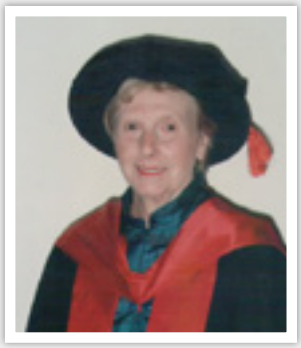
In 2000, she became a great grandmother to Daniel and in 2006 to Cameron… ‘her boys’.

Her health was starting to fail and age was overcoming her. In 2016, Alison decided she had had enough of the bitterly cold winters on the coast. She sold her beloved home of nearly 30 years and moved to Cairns to be closer to Susan, Samantha and ‘her boys’. She settled in really well, loved the weather, her new home and surrounds and most of all being able to see her treasured great grandsons.

Her health continued to decline rapidly over the last four months, finally departing on 28 December 2017.

Rest in peace and fly high.

By Sue Short



Dr Margaret Irene Stewart (nee Abrahams) FACN, PhD, RN, RM, MCH

14/03/1931 – 1/02/2018

Margaret spent her younger years in Swan Hill then boarded at Methodist Ladies College for her last two years of education. Upon her 18th birthday, 14 March 1949, she began her nursing training at the Royal Melbourne Hospital. It was the beginning of a long and varied nursing career, of which her family were very proud.

After graduating as a midwife from the Royal Women's Hospital in 1954, Margaret returned to Swan Hill for a time and worked at the local hospital. She then set sail for Vancouver where she worked at the North Vancouver General Hospital before moving on to St Michael's Hospital in Toronto in outpatients. Margaret then left for London where she spent time in private nursing. One client she recalled was the retired chairman of the Bank of India, who lived "very comfortably indeed".

Margaret completed a diploma in early childhood education and then went on to complete a Bachelor of Applied Science from the then Philip Institute in 1986. At the time, hospital trained nurses were being encouraged to upgrade their qualifications and Margaret was a very keen student. She studied while working full time as a Maternal and Child Health Nurse for the City of Casey. Here she spent the next 24 years, mostly around Endeavour Hills and Berwick. In the early days a caravan was used as the centre in this young suburb.

After approaching the faculty of Early Childhood Education at the University of Melbourne, Margaret was back to the books. She was interested in her daily work in Maternal and Child Health (MCH), particularly the way that infants seemed more interested in other infants rather than adults if given a choice, and wanted to test out the veracity of her anecdotal observations. Her thesis advanced current knowledge of the infant mind and settled some important questions about infant perception and the social world of the very young. In 1996, at the ripe age of 65, Margaret graduated with her PhD, the first MCH nurse to do so. Upon graduation, Margaret was seconded for the Department of Human Services and the University of Melbourne research projects, as well as writing distance learning packages for La Trobe University's faculty of nursing.

In regards to studying at an advanced age, Margaret said, "you're a bit more focused… you are not worried about boyfriends and dances. You know where you're going and you don't have any of the distractions of youth – it just goes to show you're never too old".

Margaret described her love of research and having an excellent supervisor as the key ingredients to her success. All the more remarkable was the fact that Margaret also ran a busy household at the time with four children and a husband while working full time!

Margaret made enduring friendships in nursing and she went to many reunions with nurses from the Royal Women's Hospital class of 1949. She went away often with several MCH nurses who shared a love of craft. In her retirement, Margaret continued her passion for travel, was a regular movie goer, sang in a choir and was a prolific maker of patchwork quilts.

Margaret leaves behind four children and seven grandchildren. Her daughter Alison has trained as a nurse and midwife and one of her twin granddaughters, Charlotte Gall, is a registered nurse now working in London.

Vale Margaret.

By Alison Ritlewski

Voting for diversity

They say 'leaders go first' – and HESTA is holding companies in which we invest our members' super to our own high standards.

The people in charge are expected to be role models as well as effective at getting things done. Lack of equity at the top of an organisation is likely to filter down — and outwards to the community.

This is a key reason behind HESTA's first vote against a director on an all-male board at Australian Agriculture Company (AACo), an ASX 200 business we invest in. The vote, against Executive Director and Vice Chair Shehan Dissanayake's re-appointment to the AACo board in August 2017, was recommended by the Australian Council of Superannuation Investors (ACSI).

"It's unacceptable that the boards of some of Australia's biggest companies still have no women on them," HESTA CEO Debby Blakey says.

In July 2017, Debby wrote to 172 ASX 200 companies, including AACo, seeking a minimum of 30% of women on their boards as well as targets and timeframes for the number of women at senior executive level.

Why does board diversity matter?

Debby has a simple, but compelling, answer. "We believe diversity can impact the performance of our members' investments, and can also make a positive difference to the workplaces they work in every day," she says.

"There is now an established body of evidence showing greater diversity on boards and in senior leadership leads to better long-term performance and stronger returns for shareholders.

"By ignoring half the population when seeking new board appointments, AACo are simply not identifying all of the best talent, which will eventually impact the company's performance."

Actions speak louder

"Since 2015, ACSI has been engaging with AACo on our behalf about the poor gender diversity on their board, and we are yet to see steps taken to address this," Debby states.

"There are a number of outstanding women with extensive business experience who could make a considerable contribution to AACo's board."

The AACo vote sounds a warning to a further eight companies with all-male boards in which HESTA currently holds shares. We'll consider voting against their most senior director up for re-appointment, if they haven't taken any positive steps to address board gender diversity (and if we're still investing in them).

Walking the talk

When we take a strong stand, we know we'd better be holding ourselves to the same standard. "More than 80% of HESTA members are women," Debby confirms. "Having more women in senior leadership flows through to all levels of an organisation, creating a more inclusive work culture and greater career opportunities for other women that, over the long term, can increase their retirement savings."

At HESTA we're proud to have a female Independent Chair and CEO, and women make up 57 per cent of our senior leadership, General Manager to Board level.

Bragging rights aside, in practical terms this balance is levelling the field for women and men at HESTA — a fact recognised in Debby's appointment as a 2017 Workplace Gender Equality Agency (WGEA) Pay Equity Ambassador. WGEA also named HESTA an Employer of Choice in 2018 – another sign that diversity brings its own rewards.

HESTA

An Industry SuperFund

96% of nurses say UpToDate® helps them improve patient care[1]

Nurses are on the front line of patient care and play an important role in making point of care decisions, delivering safe and effective drug therapy and educating patients. But with the busyness of work and life, it's hard to keep up to date with clinical knowledge and information.

UpToDate® is a clinical decision support (CDS) that covers more than 24 clinical specialties and is used in almost 80% of Australian hospitals and health care facilities to help health care professionals make better clinical decisions based on the latest evidence.

The CDS includes a number of features tailor-made for Australian nurses, including a drug reference and interactions tool (with 5,800 unique drug entries), more than 170 medical calculators and 1,500 patient education topics, which can be distributed directly to patients.

A recent survey[2] of nurses using UpToDate in hospitals and health care clinics in the US showed that nurses were using the tool several times a week and were finding it beneficial across a number of different areas:

- 96% agreed UpToDate helped them improve patient care
- 82% used UpToDate to find information about a specific drug
- 69% used UpToDate to educate their patients
- 62% used UpToDate to find information about a procedure.

The survey demonstrated the benefit of nurses using UpToDate to make evidence-based decisions relating to patient care, drug therapy and education.

UpToDate is developed by more than 6,300 physician authors, editors and peer reviewers, who use a rigorous editorial process to synthesise the most recent medical information into trusted and actionable recommendations. More than 80 research studies confirm widespread international use of UpToDate and its association with improved patient outcomes.

Nurses report that using UpToDate increases their clinical knowledge by broadening their understanding of treatments and conditions, while supporting their role in educating and engaging patient and their family.

With thousands of detailed drug references and a separate drug interaction resource, known as Lexicomp®, UpToDate minimises drug risks and increases patient safety. It also advances nurses' understanding of medications and side effects.

Additionally, there are more than 1,500 evidence-based patient education topics within UpToDate, designed to promote informed patient decision-making and improved patient education. These easy-to-understand information materials – which include graphics and charts – can be printed out or emailed to patients for further reading at home.

UpToDate is designed to save nurses time by providing quick access to clinical answers and information, with additional links to treatment recommendations, drugs, graphics, original evidence, and more. It also gives nurses access to current, evidence-based recommendations for care along with the ability to redeem CE and CPD credits[3].

If you would like to learn more about how UpToDate can keep your clinical knowledge current while helping you to educate and engage with your patients, download our starter kit at **go.wolterskluwer.com/ACN-EBM-Nursing.html**

1. UpToDate Survey Results, August 2011 to July 2012, N=2,895
2. Bonis, P, Francis, E, Damaske, J. Nurses' information needs: a multicenter survey 2009; UpToDate Inc., Waltham, MA
3. The full list of societies or associations that recognise UpToDate as a CME/CE/CPD resource

SHARE YOUR STORY WITH US

Thank you to all of our wonderful Fellows and Members who contributed to the 2018 Autumn edition of *The Hive*.

The themes for the next few editions of *The Hive* are:

- ***Self-care & personal empowerment***
- ***Diversity***
- ***Our future workforce***

If you have a research piece, clinical update, profile piece or personal story to share that addresses these themes, please contact us at **publications@acn.edu.au.**

Thank you to all of our authors!

MR JAMES BONNAMY MACN

Embracing your nurse identity

ADJUNCT PROFESSOR CHEYNE CHALMERS FACN

The nurse leader's role in workplace culture

DR MADONNA GREHAN MACN

Changing a workplace's unwritten rules

MS TOMICA GNJEC MACN

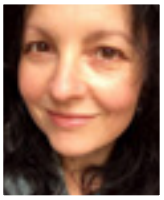
The effect of 'caring leadership' on culture

MS LAURIE BICKHOFF MACN

Changing the culture, one shift at a time

LOUISE GUERIN MACN

Employee engagement in nursing



MEL ESLICK MACN

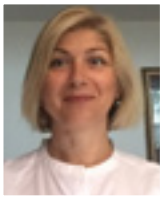
Dare to be kind

ASSOCIATE PROFESSOR ANTHONY MCGILLION MACN

Why is a positive workplace culture important?

ERIN WAKEFIELD MACN

Leading a culture of educational change through simulation



SYBELE CHRISTOPHER FACN

Perceptions of workplace culture

ASSOCIATE PROFESSOR BETHNE HART MACN

Safe workplace cultures

LOUISE E. SMITH

Growing a positive culture

KAREN KENMIR MACN

Growing a positive culture

BRADLEY WARNER

Growing a positive culture

PROFESSOR YENNA SALAMONSON PHD

Growing a positive culture

ASSOCIATE PROFESSOR BRONWYN EVERETT PHD

Growing a positive culture

SUSAN MCINNES MACN

Experiences of collaboration

JENNIFER WRESSELL MACN

Who is to blame for the bullying epidemic?

ELIZABETH MATTERS FACN

Confirming our professional identity in the eyes of the general public: why our language and stories are so important

LESLEY POTTER MACN

Hospital Saturday: Funding health care from the community

ACN would also like to thank the author of *Tuberculosis*, who has chosen to remain anonymous.

Australian College of Nursing

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